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United States  
Department of  
Agriculture

Food and  
Nutrition  
Service

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Dear WIC State and Local Agency Directors:

The Food and Nutrition Service (FNS) of the U.S. Department of Agriculture is pleased to provide you with the enclosed copy of Paraprofessionals in the WIC Program. Guidelines for Developing a Model Training Program, publication number FNS-269. This training manual is designed to provide technical assistance to regional, State, and local WIC Program staff on the use and training of paraprofessionals in the WIC Program. It was developed in response to requests from regional and State WIC Program staff for guidance concerning the appropriate role functions of WIC paraprofessionals and the necessary level of training. Optimal role functions for WIC professional and paraprofessional staff, specific training needs of WIC paraprofessionals, and components of a model paraprofessional training program are discussed. A competency-based training approach is recommended.

The recommendations provided in this manual are based on paraprofessional training materials and protocols solicited from State WIC agencies, Role Delineation Studies of the American Dietetic Association (ADA), ADA's Standards of Education for Dietetic Technicians, the National Association of WIC Directors (NAWD)/FNS Focus on Management WIC Nutrition Services Standards, and numerous articles published in the professional literature. During the course of development, the guide was reviewed several times by WIC nutritionists and other nutrition professionals.

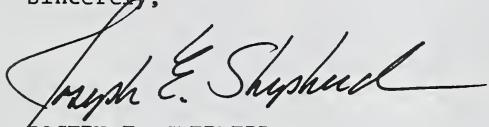
FNS recognizes the commitment of WIC State and local agencies to provide quality nutrition services. It is this commitment to quality that has made WIC the successful program it is. FNS is dedicated to assisting States in their efforts to provide quality services to all WIC participants. It is in this context that this manual was developed. Role functions and training guidelines presented in the manual may not represent the level of service currently being provided by all local WIC clinics. The training manual represents FNS' expectations for the use and training of WIC paraprofessionals. State agencies which follow the recommendations presented in the manual are to be commended.

The recently released NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program is an expression of the commitment of Federal and State partners to work together to ensure that quality nutrition services are provided to all WIC participants. It sets forth goals and expectations for planning and delivering quality nutrition services in the WIC Program. The Statement does not define professional versus paraprofessional role functions but rather focuses on the services to be provided and the training of all staff to competently provide them.

Although role functions are not discussed in the NAWD/FNS Joint Statement, the recommendations contained in the Statement allow State and locally trained WIC paraprofessionals to perform more WIC tasks and assume greater responsibilities in the areas of nutrition risk determinations and client certifications than suggested in the training manual. The training manual is technical assistance, not policy, and as such its recommendations are considered ideal in terms of WIC Program services, procedures, and management. State WIC agencies are free to accept this technical assistance at their discretion.

We hope that these guidelines will be useful to Regional and State WIC staff in developing positions for WIC paraprofessionals and providing appropriate training for them.

Sincerely,



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Enclosure

## Acknowledgments

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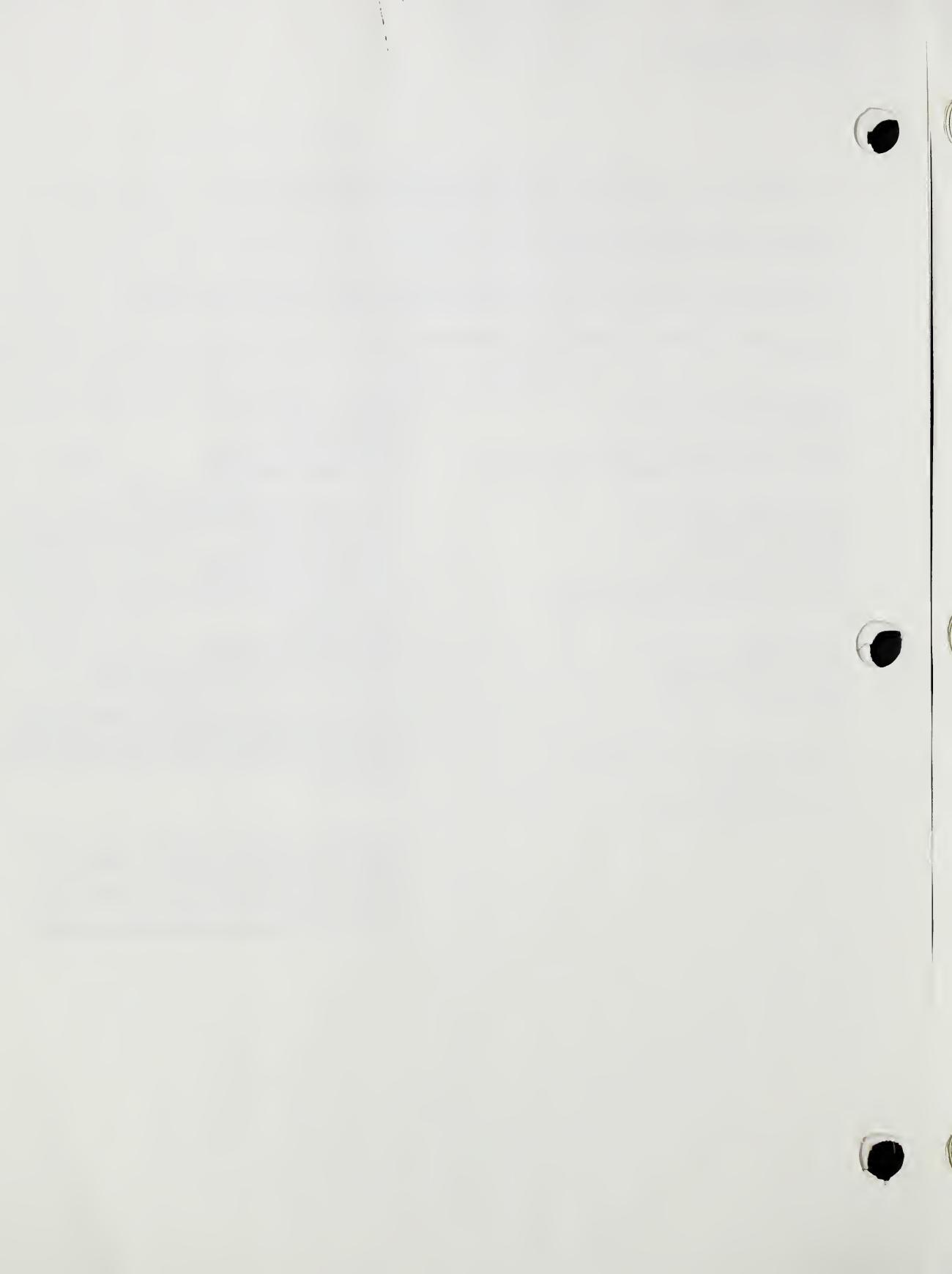
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In 1988, the National Association of WIC (Special Supplemental Food Program for Women, Infants, and Children) Directors, in conjunction with the Food and Nutrition Service, developed 12 Nutrition Services Standards as part of the WIC Focus on Management (FOM) initiative (1). These standards were established to provide State WIC directors and nutritionists with a method for evaluating the quality of nutrition services in their programs and to encourage States to use this evaluation information to improve their nutrition services. The FOM Nutrition Services Standards did not describe the level of services being provided in WIC clinics, but rather identified characteristics which were considered to be essential to providing quality nutrition services.

Two of the nutrition services standards made recommendations for establishing guidelines for staff qualifications and provision of nutrition staff training.

### **Standard 9: Qualifications and Role of the Nutritionist**

The State agency assures that a qualified nutritionist provides WIC services and that the role of the WIC nutritionist is defined.

### **Standard 10: Nutrition Staff Training**

The State agency assures through training that competent staff perform certification procedures and provide nutrition education.

Standard 10 addressed the training of “State or medically trained” paraprofessionals to perform certifications and/or provide nutrition education. Recommendations included that a documented training plan be developed providing:

- delineation of minimum qualifications for trainees;
- training on certification, nutrition principles, and communication and counseling skills;
- standard training curriculum;
- training schedule, including continuing education requirements;
- guidelines for referral of participants to a health/nutrition professional for indepth nutrition intervention/education;
- description of supervision of paraprofessionals’ performance;
- documentation of completion of **competency-based training**; and
- an evaluation component.

This manual has been developed in support of these standards and is part of a continuing effort to improve the quality of nutrition services in the WIC Program. The training recommendations and competencies addressed in this publication have been written for the purposes of:

- assisting WIC Program administrators in meeting the FOM Standards by identifying appropriate role functions for paraprofessionals;

- providing guidelines for regional and State WIC directors, coordinators, and nutritionists to use in designing training programs for paraprofessionals within their States;
- describing for local agency WIC directors the "special" training needs of paraprofessionals that need to be considered in implementing training programs at the local level.

This manual is designed to be a useful reference for WIC State and local agencies in training their WIC paraprofessionals. It does not encourage or criticize the use of paraprofessionals in the WIC Program but simply recognizes that paraprofessionals are being used to provide WIC services and provides guidelines as to their training. The role functions identified in this manual are considered to be optimal and most conducive to providing quality nutrition services. They are not intended to describe the level of services currently being provided in the local WIC clinics. Throughout the manual, the nutritionist is the health professional designated to serve as the WIC program supervisor and CPA. As WIC services are often integrated into other local agency health services, State WIC agencies may be using health professionals other than nutritionists to perform these specified role functions. If this is the case, replacement of the term "nutritionist" with "health professional" or "CPA" would be appropriate to assist State agencies in adapting these guidelines to their programs.

With the advent of formula rebates and other cost-containment measures in the WIC Program, services and caseloads have rapidly expanded. Increased staff and stafftime have been needed for screening and certifying applicants, providing nutrition education to serve the growing WIC population, and ensuring appropriate health care referrals. Paraprofessionals are being increasingly utilized to meet these additional personnel needs.

With no established standards of practice for WIC paraprofessionals and without standardization as to the content and effectiveness of paraprofessional training programs, disparity in the use of paraprofessionals and the competency level at which they are functioning is a growing concern. Duties being assigned to paraprofessionals range from performing clerical tasks to providing client nutrition education, screening clients for program eligibility, and certifying clients to receive WIC services. Role descriptions of professional and paraprofessional staff can help to lessen this disparity by assigning appropriate program tasks and responsibilities for each level of practice.

The emerging importance of the paraprofessional can lead to role conflicts between the nutritionist and nutrition assistant. Educating professional staff about the paraprofessional role can help to minimize role ambiguity, increase appropriate delegation of duties, and establish supportive working relations.

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## **Overview**

The role delineations and training recommendations described in this publication were derived from many paraprofessional training manuals submitted for review by WIC State agencies and many reports in the literature on professional versus paraprofessional task functions and role delineations. The following guidelines emerged as important considerations in developing a model paraprofessional training program for the WIC Program:

1. Nutrition paraprofessionals in WIC, if properly utilized, can enhance the roles and responsibilities of the WIC nutritionist by providing many supportive services.
2. In training paraprofessionals to serve as nutrition assistants in the WIC Program, emphasis needs to be placed on developing the essential knowledge and work skills necessary to providing competent nutrition care.
3. Identifying role functions of WIC professionals is essential to defining role functions of WIC paraprofessionals.
4. Preparing quality practitioners is essential to ensuring quality of nutrition services.
5. Successfully managing WIC paraprofessionals involves careful planning in defining job functions, selecting capable applicants, providing opportunity for position advancement, utilizing competency-based training procedures, and providing adequate supervision.
6. Periodic evaluations of paraprofessionals after starting the job are important to assess performance and attainment of required working skills.
7. Effective communication between professionals and paraprofessionals is essential to developing supportive working relations. The goal of both groups is the provision of quality nutrition services to their clients.
8. Quality continuing education is an important means of maintaining and improving competence once initial training has been completed.
9. A competency-based educational approach facilitates paraprofessional training by clearly identifying, for the learner, his/her performance roles and the level of competency required in an entry-level position.
10. Assessing training needs, defining curriculum goals and objectives, and planning instructional content and methodology are steps essential to the development of a nutritional training program for WIC paraprofessionals.

11. Self-instructional training modules, instructor-taught workshops and seminars, nutrition courses, and actual task practices are approaches which can be used individually, or in combination with each other, to provide training instruction to WIC paraprofessionals.
12. Training program evaluation examines a student's level of achievement and learning, teaching methods/curriculum format, and training outcomes relative to program services and quality of care.





## Defining Appropriate Role Functions for the WIC Paraprofessional

### Defining the WIC Paraprofessional

The term **paraprofessional**, as it applies to the WIC Program, has never been clearly defined. Paraprofessional is a broad term used to refer to a wide variety of support personnel. Within WIC, the types of workers included within this classification may range from professionals with degrees in fields other than nutrition (e.g., registered nurses), to individuals who have little, if any, formal education in nutrition but have received some training by the State or local agency.

As locally trained nutrition assistants represent the majority of paraprofessionals employed in the WIC Program, the training recommendations and competencies presented in this publication will be directed at them. Professionals, other than nutritionists, and allied health professionals (i.e., registered dietetic technicians and licensed practical nurses) possess some formal, academic training and, therefore, may be capable of assuming greater role responsibilities than those outlined for the paraprofessional in this training manual.

**WIC Nutrition Assistant - a nutrition support, paraprofessional worker in WIC Program who possesses less than 2 years of higher education (i.e., less than an associate college degree) in a nutrition-related field and whose training in nutrition consists only of job specific training provided by the State or local agency.**

### Identifying and Defining Training Needs

Paraprofessionals, as well as professionals, in the local WIC agencies possess varying degrees of education and/or work experience. Considerable disagreement surrounds the types of experiences and education needed to fulfill specific competency areas in WIC. These differences make it difficult to approach paraprofessional training from the perspective of acceptable academic preparation, education, and/or work experience.

Recommendations for paraprofessional training can be more useful when based upon the identification and development of the skills necessary to perform essential tasks within the WIC services delivery process. Regardless of education/experience, these skills, or **competencies**, will be required of all WIC paraprofessionals. Differences in educational levels and work skills can be considered in designing and implementing the actual training program.

Tasks involved in certifying WIC participants are fairly standard among WIC Programs. Identification of these skills and the competency level at which WIC paraprofessionals should function may help to provide for greater consistency and standardization among paraprofessional training programs in WIC. Although many States have developed, or are in the process of developing, training programs for paraprofessionals, standardization of content in these programs is lacking.

**The goal of training paraprofessionals to serve as WIC nutrition assistants is to develop essential knowledge and work skills necessary to support the nutritionist in providing competent nutrition care.** Training programs should focus on helping paraprofessionals to acquire knowledge in related subject areas and to develop some basic client-centered skills, such as teaching, interviewing, and counseling. **WIC training can promote competency in the areas of:**

- screening clients to determine nutrition risk;
- assisting the nutritionist in determining program eligibility;
- delivering basic services to eligible clients;
- providing general nutrition education to certified WIC clients; and
- assisting the nutritionist in providing program referral and outreach.

In developing and implementing a competency-based training program in WIC, roles of the WIC nutritionist and nutrition assistant must first be defined so that competency statements can be developed. A first step in determining the role of the paraprofessional in the WIC Program is to determine what services the State and/or local agencies intend to deliver to program participants and the professional training required to deliver these services. Role differentiation will follow from this important first step.

"Role delineation" involves identifying performance responsibilities and supporting knowledge/skill components which must be demonstrated by professionals and paraprofessionals as they deliver quality services (2). **The products of such role delineation help assist program administrators in (3):**

- establishing standards of practice;
- structuring professional and paraprofessional job classifications;
- writing job descriptions;
- developing professional and paraprofessional training programs; and
- determining performance evaluation standards.

#### **Role Conflicts Between the Nutritionist and the Nutrition Assistant**

Employing nutrition paraprofessionals in WIC can complement and enhance the roles and responsibilities of the WIC nutritionist. Nutrition assistants can be trained to provide many supportive services allowing nutritionists to devote their time to tasks that require the highest level of skill and responsibility. **The key to effectively using paraprofessionals is to define the role functions of both the nutritionist and nutrition paraprofessional and to implement these roles accordingly.**

The emerging importance of the paraprofessional can result in role conflicts between the nutritionist and the nutrition assistant. Nutritionists are often reluctant to delegate tasks other than clerical ones, and *may* resent the hiring of paraprofessional staff as nutrition assistants (4-9). The roles of paraprofessionals are often unclear to many nutritionists and thus impairs their use. Role delineations in many settings have helped to lessen the ambiguity and increase the utilization of paraprofessionals (10). **Educating professional staff about the paraprofessional role and delegation of duties is an essential step in establishing supportive working relations.**

## **Role Delineation and Recommended Competencies**

In deriving appropriate role functions of WIC nutritionists and nutrition assistants for this manual, the entire WIC process (eligibility screening, certification, nutrition education, and voucher issuance) was examined for component steps and essential tasks. Major knowledge and performance responsibility statements for the two levels of practice were then developed using competencies identified in paraprofessional training manuals and position descriptions solicited from WIC State agencies (see appendix A), Role Delineation Studies of the American Dietetic Association (3), the FOM Nutrition Services Standards (11), Standards of Education for Dietetic Technicians (12), and other published sources defining role functions of nutritionists/dietitians and dietetic technicians/nutrition assistants (4,5,7-9,12-16). These knowledge and performance responsibility statements are presented in **table 1** (beginning on page 7). Each responsibility statement is matched to its corresponding requisite knowledge statement and is presented side-by-side for comparison purposes.

Throughout the table, differentiation is made between clients at high nutritional risk and clients at lower nutritional risk. Categories of high-risk and lower risk nutrition conditions are designated by the individual WIC State agencies and have not been defined at the Federal level. High-risk conditions usually refer to specific conditions identified within Priority Levels I-III and may include, but are not limited to, the following conditions:

- underweight and overweight women, infants, and children;
- women, infants, and children with abnormal weight gain or growth patterns;
- women, infants, and children with anemia;
- women, infants, and children with existing metabolic or other medical conditions requiring a therapeutic or other special diet;
- women, infants, and children with clinical signs of malnutrition;
- pregnant or breastfeeding adolescents;
- pregnant women with multiple fetuses;
- pregnant women who have a history of a high-risk pregnancy or delivery; and
- pregnant or breastfeeding women who are substance abusers.

Lower risk conditions usually refer to conditions identified within Priority Levels IV-VI and primarily include dietary risk factors (e.g., dietary inadequacies and inappropriate dietary patterns).

Once performance roles of the WIC nutrition assistant were identified, competency statements could then be developed. The competency statements were written to describe entry-level performance and are presented in **table 2** (page 20).



**Table 1. Correlation of Knowledge Statements with Performance Responsibility Statements**

<b>Knowledge Statements</b>	<b>Performance Responsibility Statements*</b>
<b>A. WIC Program overview</b>	
A1. Knows goals and purpose of the WIC Program.	Interprets and applies goals and mission statement of the WIC Program in defining local program service and operation.  Conducts periodic review of nutrition services as related to goals and effectiveness.
	Assesses nutrition care needs of the WIC population to determine targeted services and resources.
	Develops agency program plan for nutrition services delivery to provide maximum benefit, both educationally and nutritionally, to clients.
A2. Knows WIC policies and regulations.	Develops policies and procedures manual for provision of nutrition services in the local agency consistent with Federal and State WIC policy and regulation.
	Understands and follows established policies and procedures of State and local agencies in providing WIC services.

\* The paraprofessional level described throughout table 1 refers to nutrition support, paraprofessional workers who possess less than an associate college degree in a nutrition-related field and whose training in nutrition consists of job specific training provided by the State or local agency. All responsibility statements described are assumed to be performed under the guidance of a supervising nutritionist.

## **Knowledge Statements**

## **Performance Responsibility Statements**

<b>WIC Nutritionist</b>	<b>WIC Nutrition Assistant*</b>
Remains current as to changes in Federal WIC regulations and guidelines and their effects on local agency policy.	Through instruction of the supervising nutritionist, adopts changes in Federal WIC regulations and guidelines in delivery of nutrition services.
A3. Knows basic procedures in the WIC certification, enrollment, nutrition education, and voucher issuance processes.	Identifies basic procedures included in WIC certification, enrollment, nutrition education, and voucher issuance processes.
A4. Knows criteria for program eligibility (income, nutrition risk, residence, and categorical eligibility).	Performs basic WIC nutrition services as defined in local agency program policy.
A5. Knows role functions of WIC Program staff.	Coordinates for the local agency basic WIC certification, enrollment, nutrition education, and voucher issuance processes.
B1. Knows principles of human nutrition and its application to women, infants, and children.	Assists in providing WIC services as defined in local agency program policy.
B2. Knows major food sources of nutrients.	Establishes, or assists the WIC administrator in establishing, standard procedures for determining program eligibility.
	Follows established procedures for determining program eligibility.
	Defines program responsibilities and delegates to appropriate staff members.
	Evaluates performance of the WIC nutrition assistant.
	Understands own role functions and expected level of performance.
	<b>B. Nutrition principles</b>
	B1. Knows principles of human nutrition and its application to women, infants, and children.
	B2. Knows major food sources of nutrients.
	Uses knowledge of introductory aspects of human nutrition, particularly maternal and child nutrition, in counseling clients.
	Utilizes knowledge of the major food sources of all nutrients in providing nutrition education to clients.
	Uses knowledge of introductory aspects of human nutrition, particularly maternal and child nutrition, in counseling clients.
	Utilizes basic knowledge of the major food sources of WIC target nutrients in providing nutrition education to clients.

Knowledge Statements	Performance Responsibility Statements	WIC Nutrition Assistant*
B3. Knows standards for evaluating dietary intake (Recommended Dietary Allowances (RDA's), food groups, dietary guidelines).	Applies accepted dietary standards in planning and evaluating food intake.	Under the instruction of the supervising nutritionist, applies those dietary standards applicable to the WIC Program in planning and evaluating food intake.
	Maintains and incorporates into nutrition practice an up-to-date knowledge of the RDA's for all major nutrients as defined for the WIC population.	Recognizes the RDA's as a dietary standard useful in determining nutritional adequacy.
B4. Knows effect of social, economic, cultural, and psychological factors on food behavior.	Applies knowledge of the food groups and their recommended serving sizes in screening clients for dietary adequacy.	Applies knowledge of food groups and their recommended serving sizes in screening clients for dietary adequacy.
B5. Knows current dietary recommendations and research findings as applied to the WIC population.	Identifies specific influences of social, economic, cultural, and psychological factors on food behavior.	Identifies general influences of social, economic, cultural, and psychological factors on food behavior.
	Maintains knowledge of current dietary recommendations and research findings through literature reviews, professional readings, and continuing education programs and seminars.	Maintains knowledge of current dietary recommendations and research findings through instruction by the supervising nutritionist and State and local training sessions.
		<b>C. Communication skills</b>
C1. Knows fundamentals of effective communication.	Communicates effectively with clients through use of verbal and nonverbal cues.	Communicates effectively with clients through use of verbal and nonverbal cues.
C2. Knows proper interviewing and counselling techniques.	Communicates both orally and in writing in clear, concise manner using terminology appropriate to target audience.	Communicates both orally and in writing in clear, concise manner using terminology appropriate to target audience.
	Selects and uses correct techniques in obtaining client information and soliciting dietary intakes.	Follows recommended procedures in obtaining client information and soliciting dietary intakes.

## **Knowledge Statements**

## **Performance Responsibility Statements**

<b>WIC Nutritionist</b>	<b>WIC Nutrition Assistant*</b>
Uses appropriate methods/strategies in counseling clients and providing motivation to promote behavioral change.	Follows recommended methods/strategies in counseling clients and providing motivation to promote behavioral change.
Acquires necessary information to complete WIC certification form.	Acquires necessary information to complete appropriate, or specified, sections of the WIC certification form.
C3. Knows principles of education and effective teaching methods.	Follows education protocol as determined by the supervising nutritionist.
C4. Knows proper documentation format for recording client information.	Collects and records data for evaluating WIC education plan.
	Follows procedures for documentation of client information.
	Records pertinent information in SOAP format or other accepted format in client's certification file/medical record.
	Understands and uses basic medical terminology and abbreviations in charting.
<b>D. Eligibility screening</b>	
D1. Knows importance and relevance of anthropometric data as related to health and nutrition status.	Assesses nutrition status of clients through collection of nutritionally relevant data.
	Develops standards for proper collection of anthropometric data utilizing approved methods of measurement.
	Collects appropriate anthropometric data on clients.
	Follows established protocols for collection of anthropometric measurements.

## **Knowledge Statements**

### **Performance Responsibility Statements**

<b>WIC Nutritionist</b>	<b>WIC Nutrition Assistant*</b>
Interprets anthropometric measures obtained through comparison to standard values to determine possible nutrition risk.	Compares anthropometric measures obtained to standard values to determine possible nutrition risk.
D2. Knows importance and relevance of biochemical parameters as related to health and nutrition status.	Utilizes established criteria to identify abnormal blood values and determine if client is at nutrition risk.
D3. Knows importance and relevance of dietary intake as related to health and nutrition status.	Determines local agency protocol for hemoglobin and/or hematocrit testing.
	Develops protocol for dietary screening of clients.
	Collects appropriate dietary information on clients using approved food intake instruments, such as food frequency questionnaires, 24-hour diet recalls, and/or dietary histories.
	Assesses dietary intake to determine nutritional adequacy.
	Identifies lifestyle factors affecting food intake and nutrient absorption/utilization.
	Completes dietary assessment form and documents nutritional needs of <b>high-risk</b> clients.
	Completes dietary assessment form and documents nutritional needs of <b>lower risk</b> clients.

Knowledge Statements	Performance Responsibility Statements
WIC Nutritionist	WIC Nutrition Assistant*
<b>E. Participant certification</b> <ul style="list-style-type: none"> <li>E1. Knows criteria for assessing nutrition risk and determining WIC eligibility.</li> </ul>	<p>Assesses nutrition status of clients by reviewing anthropometric, biochemical, and dietary data as collected and recorded in the WIC clients' certification files/medical records.</p> <p>Knows and applies State-derived nutrition-risk criteria to identify nutrition-risk factors and determine program eligibility.</p> <p>Determines types of nutrition education contacts (high-risk, secondary) to be provided to WIC-certified clients and formulates comprehensive nutrition care plan for <b>high-risk clients</b>.</p> <p>E2. Knows and completes WIC certification procedures.</p> <p>Completes required certification forms and documentation as to eligibility criteria and need for program services in client's certification file/medical record.</p>
	<p>Compares collected and recorded anthropometric, biochemical, and dietary data to established standards to determine nutrition-risk status.</p> <p>Knows and applies State-derived nutrition-risk criteria to identify nutrition-risk factors and make <b>recommendation</b> to the supervising nutritionist as to program eligibility.</p> <p>Determines types of nutrition education contacts to be provided to <b>lower risk</b> WIC clients.</p> <p>Applies program-eligibility criteria to ensure that clients screened for nutrition risk also meet criteria for income, residency, and categorical eligibility.</p> <p>Develops and evaluates procedures for assessing and certifying program-eligible clients at nutrition risk to receive program services.</p> <p>Assists the supervising nutritionist in completing required certification forms and documenting eligibility criteria and need for program services in the certification files/medical records of <b>lower risk clients</b>.</p>

<b>Knowledge Statements</b>	<b>Performance Responsibility Statements</b>
<b>WIC Nutritionist</b>	
Assigns WIC priority ranking for clients in accordance with an established nutritional-risk priority system.	Assists the nutritionist in assigning the WIC priority ranking for <b>lower risk clients</b> in accordance with an established nutritional-risk priority system.
Explains eligibility/ineligibility status to client. Briefly describes certification, recertification, and voucher issuance procedures to WIC participants.	Explains eligibility/ineligibility status to clients. Briefly describes certification, recertification, and voucher issuance procedures to WIC participants.
<b>F. Nutrition education</b>	
F1. Knows Federal regulatory requirements for providing nutrition education to all clients enrolled in the WIC Program.	<p>Knows and incorporates the Federal requirements for nutrition education into local agency program planning and delivery of nutrition services.</p> <p>Develops and coordinates the process for providing nutrition education by the local agency to include the minimum required nutrition education contacts per client per certification period.</p>
	<p>Follows established procedures and assists the supervising nutritionist in providing the minimum required nutrition education contacts per client per certification period.</p> <p>Provides nutrition education appropriate to individual nutritional needs to all <b>high-risk clients</b> either through one-on-one counseling or group classes.</p> <p>Provides general nutrition education to clients either through one-on-one counseling or group classes.</p>

Knowledge Statements	Performance Responsibility Statements	WIC Nutrition Assistant*
F1. Provides clients identified as <b>high-risk</b> with followup nutrition counseling appropriate to individual needs. Develops and implements nutrition care plan for <b>high-risk clients</b> ; reassesses plan and determines patient progress once plan is initiated.	Documents the nutrition education provided the WIC client in the WIC certification file/medical record as required by State agency guidelines.	Refers clients identified as <b>high-risk</b> to WIC nutritionist for nutrition counseling and development and implementation of nutrition care plan. May assist the local nutritionist in implementing and assessing the nutrition care plan by providing followup services, such as telephone calls, postcards, and home visits, to reinforce the nutrition counseling previously given and provide continued support.
F2. Knows nutrition education needs of clients and develops annual nutrition education plan to target these needs.	Determines the nutrition education needs of the local WIC population by assessing program and staff needs, needs of the community, available resources, and nutritional and educational needs of clients.	Assists the supervising nutritionist in determining the nutrition education needs of the local WIC population.
	Formulates an annual nutrition education plan specifying goals, objectives, action plans, and evaluation strategies for meeting identified nutritional needs of the local WIC population.	Assists the local nutritionist in formulating the annual nutrition education plan by providing input from WIC client assessments.
	Implements the annual nutrition education plan by coordinating and monitoring delivery of nutrition services, providing nutrition education to clients and/or staff, and delegating specific duties to appropriate WIC personnel.	Performs nutrition duties as assigned by the supervising nutritionist in implementing the annual nutrition education plan primarily through provision of general nutrition education to certified clients.

Knowledge Statements	Performance Responsibility Statements
WIC Nutritionist	WIC Nutrition Assistant*
<p>Evaluates outcomes of annual nutrition education plan relative to effectiveness, client acceptance, achievement of stated goals, and actual client learning/behavior changes.</p> <p>F3. Knows and selects effective educational materials and teaching methods appropriate to the intended audience.</p>	<p>Reports to the supervising nutritionist observations regarding provision of nutrition education to clients relative to effectiveness, client acceptance, achievement of stated goals, and actual client learning/behavior changes.</p> <p>Provides continuing education and staff training to assure quality of nutrition services, improve delivery of existing services, and facilitate personal and staff development based upon findings of the program needs assessment.</p> <p>Selects and evaluates nutrition education materials relative to effectiveness and appropriateness to the intended audience.</p>
	<p>Participates in staff training and continuing education activities as recommended by the supervising nutritionist and/or program administrator.</p> <p>Uses selected nutrition education materials in providing nutrition education to individuals and/or groups.</p> <p>Develops, utilizes, and evaluates teaching strategies and interventions appropriate to meeting goals and objectives of the annual nutrition education plan.</p>
	<p>Utilizes established teaching strategies and interventions in meeting goals and objectives of the annual nutrition education plan.</p> <p>Develops and implements procedures for evaluating educational materials and methods used in providing nutrition education to WIC clients.</p>
	<p>Assists the supervising nutritionist in using established procedures to evaluate educational methods and materials used in providing nutrition education to WIC clients.</p> <p><b>G. Food delivery system</b></p> <p>G1. Knows foods approved for use by the WIC State agency and their maximum monthly quantities.</p> <p>G2. Oversees voucher issuance procedures to ensure that clients are provided with approved WIC foods in the amounts allowed by the WIC State agency.</p>

Knowledge Statements	Performance Responsibility Statements	WIC Nutrition Assistant*
WIC Nutritionist	Prescribes food packages according to participant category and nutritional needs.	<p>Provides client with WIC food package as approved by the local nutritionist. May issue preapproved food packages to clients if developed by a nutritionist and the food allowances have not been changed.</p> <p>Tailors individual food packages, according to State and local policy, to provide quantities and types of supplemental foods appropriate to individual needs.</p> <p>Follows State policy in providing special formulas and/or food types as indicated in the presence of certain medical disorders and lifestyle factors.</p> <p>Integrates Federal regulations and State policy regarding voucher issuance/cashing procedures into an effective food delivery system within the local agency.</p> <p>G2. Knows operational procedures of the WIC food delivery system as specified by Federal regulations and State policy.</p>
		<p>Knows State or local agency policy for food package tailoring. Can explain to clients, if questioned, differences in food package issuances based upon nutrition tailoring.</p> <p>Knows State policy as to provision of special formulas and/or food types as indicated in the presence of certain medical disorders and lifestyle factors.</p> <p>Follows established voucher issuance/cashing procedures in the food delivery system.</p> <p>Updates WIC staff on changes in the WIC food package and voucher issuance/cashing procedures.</p> <p>Maintains current list of authorized food vendors.</p> <p>Knows role functions and responsibilities of WIC staff within the food delivery system. Delegates tasks within the food delivery system to the appropriate WIC staff member.</p> <p>Knows names of food vendors currently authorized to participate in the WIC Program.</p> <p>Knows role functions and responsibilities of WIC staff within the food delivery system. Completes tasks, as assigned, within the food delivery system.</p>

<b>Knowledge Statements</b>	<b>Performance Responsibility Statements</b>	<b>WIC Nutritionist</b>	<b>WIC Nutrition Assistant*</b>
H. Coordinated delivery of services	H1. Knows local agency's procedures for making, accepting, and following through on client referrals.	<p>Appraises food delivery system to identify problem areas and make recommendations for change to the local agency director or State WIC office, as appropriate.</p> <p>Provides, or delegates to other staff member, explanation of voucher issuance/cashing procedures to clients.</p>	<p>Provides input to the supervising nutritionist as to problem areas within the food delivery system and makes recommendations for change.</p> <p>Provides explanation of voucher issuance/cashing procedures to clients.</p>
		<p>Obtains information concerning the types of social services and financial support services available in the community.</p>	<p>Knows names and basic eligibility requirements of specific social services agencies and financial support agencies within the community.</p>
		<p>Determines and monitors local agency's procedures for client referrals to and from other healthteam members and community service agencies.</p>	<p>Follows established procedures of the local agency for client referrals to and from other healthteam members and community services agencies.</p>
		<p>Develops criteria to identify clients needing referrals to other health, food assistance, and social services agencies.</p>	<p>Follows established methods to identify clients needing referral to other health, food assistance, and social services agencies.</p>
		<p>Establishes documentation procedure in the client's certification file/medical record for referrals made to, or received from, other community agencies or healthcare providers.</p>	<p>Documents in the client's certification file/medical record referrals made to, or received from, other community agencies or healthcare providers.</p>
		<p>Provides followup as needed to clients referred to, or from, other community healthcare providers.</p>	<p>Assists the local nutritionist in providing followup care to clients referred to, or from, other community healthcare providers.</p>

## **Knowledge Statements**

## **Performance Responsibility Statements**

<b>WIC Nutritionist</b>	<b>WIC Nutrition Assistant*</b>
<p>Knows and consults with appropriate healthteam members about clients' progress in meeting established goals.</p> <p>Interacts with other community services and healthcare providers to promote greater continuity of care for clients.</p>	<p>Utilizes information from other healthteam members to determine clients' progress in meeting established goals.</p> <p>Under supervision of the nutritionist, interacts with other community services and healthcare providers to promote greater continuity of care for clients.</p>
<p>Maximizes WIC's role as an adjunct to healthcare by facilitating participant access to other health and social services.</p>	<p>Assists the local nutritionist in maximizing WIC's role as an adjunct to healthcare by facilitating participant access to other health and social services.</p>
<p>H2. Knows and integrates other community agencies' services with WIC services.</p>	<p>Eliminates unnecessary duplication of services by coordinating WIC services and resources with those of other health and social services agencies, such as Food Stamps, Aid to Families With Dependent Children (AFDC), and Medicaid.</p>
<p>H3. Knows importance of outreach efforts in marketing WIC services.</p>	<p>Coordinates community outreach activities (public service announcements, posters, pamphlets, etc.) to increase public awareness of the benefits of the WIC Program.</p> <p>Develops effective and relevant nutrition education materials/messages to distribute to the public promoting WIC as a nutrition services program.</p> <p>Selects and utilizes effective teaching strategies to reach target audiences and disseminate information about WIC.</p>

### *Certifying WIC Clients*

The **Knowledge and Performance Responsibility Statements** outlined in **table 1** (beginning on page 7) represent role functions that are considered most conducive to providing quality nutrition care. In some WIC clinics, more WIC tasks and greater responsibilities are being assigned to paraprofessionals, particularly in the areas of nutrition-risk determination and certification. Role functions considered appropriate and inappropriate for WIC nutrition assistants are summarized in **table 3** (see page 21). Those role functions seen as appropriate for WIC nutrition assistants are appropriate only when performed under the close supervision of a nutritionist.

WIC eligibility determinations and client certifications are tasks considered to be inappropriate for WIC nutrition assistants. Final eligibility determination and certification require assessment of nutrition status and identification of nutrition-risk criteria. This level of care requires the expertise of a nutrition professional. Reserving these functions for the nutritionist ensures that high-risk clients are identified by a nutrition professional, so that appropriate counseling and followup care can be provided. As recommended in the FOM Standards (1), **high-risk clients** should always be counseled by a WIC nutritionist. **Lower risk clients** may be counseled either by the WIC nutritionist or referred to the WIC nutrition assistant for general nutrition education.

In addition to the therapeutic counseling given by the nutritionist, high-risk clients may also benefit from the general nutrition education provided by the WIC nutrition assistant. The content of the lesson, rather than the risk status of the client, determines whether the instruction can be provided by a nutritionist or a nutrition assistant. As they may have more time to spend with a client than a nutritionist, the nutrition assistant can lend valuable support to the information provided to the client by the nutritionist.

**Table 2. Training Competencies for the WIC Nutrition Assistant**

Under the direction of the WIC nutritionist, the WIC nutrition assistant will be able to:

1. Demonstrate a basic understanding of the goals and purpose of the WIC Program.
2. Provide delivery of WIC Program services according to State and local agency policies and procedures.
3. Assist the supervising nutritionist in assessing the nutrition status of clients by using established procedures and protocols to collect and document anthropometric, biochemical, and dietary data.
4. Demonstrate knowledge of nutrition-risk criteria as used by the supervising nutritionist to screen potentially eligible clients for program eligibility and nutrition risk.
5. Assist the local nutritionist in implementing and assessing nutrition care plans of clients by providing followup services (telephone calls, postcards, and home visits) that encourage client participation and reinforce nutrition counseling.
6. Demonstrate knowledge of the State WIC approved foods, maximum monthly allowances, and voucher issuance and cashing procedures.
7. Demonstrate sufficient knowledge of basic nutrition to provide general nutrition education to women, infants, and children enrolled in the WIC Program.
8. Use effective communication techniques and teaching strategies to provide nutrition education to clients enrolled in the WIC Program.
9. Demonstrate knowledge of high-risk and lower risk conditions and local agency protocol in providing nutrition care based on these criteria.
10. Provide input regarding the effectiveness of the local program in meeting planned goals and identifying areas of continuing need.
11. Participate in community outreach activities as directed by the supervising nutritionist.
12. Follow established local agency protocols and procedures in making referrals to other social and health care agencies.

**Table 3. Summary of Role Functions of WIC Nutrition Assistants**

<i>Appropriate Roles</i>	<i>Inappropriate Roles</i>
Collects and records socioeconomic, demographic, anthropometric, biochemical, and dietary data of clients being screened for admittance into the WIC Program.	Assesses nutrition status or makes final eligibility determination of WIC clients being screened for admittance into the WIC Program.
Provides general nutrition education to WIC clients.	Provides comprehensive nutrition care to <b>high-risk clients</b> .
Confers with the local nutritionist on formulating nutrition care plans for <b>lower risk clients</b> .	Formulates nutrition care plans for individual clients.
Implements nutrition care plan for <b>lower risk clients</b> .	Implements nutrition care plan for <b>high-risk clients</b> .
Documents the general nutrition education provided clients in their medical records/WIC certification files.	Documents the therapeutic nutrition counseling provided to <b>high-risk clients</b> in their medical records/WIC certification files.
Instructs clients on prescribed food packages and voucher issuance and cashing procedures in accordance with State and/or local agency policies.	Tailors individual WIC food packages to meet the nutritional needs of WIC clients.
Collects and records information for evaluation of annual WIC nutrition education plan.	Develops or determines evaluation criteria for annual WIC nutrition education plan.
Performs assigned nutrition activities (group classes, preparation of educational materials, food demonstrations) in accordance with the goals and objectives of the annual nutrition education plan.	Plans or coordinates nutrition education activities in implementing the annual nutrition education plan.
Communicates with other health and community service providers as specified by State and local agency protocol.	Determines protocol for interaction with, and referral to, other health and community service providers.
Plans or participates in specific WIC community outreach efforts.	Coordinates or directs all WIC community outreach efforts.

### **Specialized Functions of the Nutrition Professional**

In comparing role functions, the nutritionist, or nutrition professional, is uniquely qualified to provide nutrition care that paraprofessionals cannot supply.

**Nutritionists** can provide (7):

- nutrition services that are individualized and comprehensive (applied and therapeutic) rather than routine and episodic;
- dietary "counseling" rather than dietary instruction; and
- nutritional outreach and advocacy activities in the community as part of providing comprehensive care.

The public health nutritionist has specialized education and experience in the application of nutrition sciences to public health and should have primary responsibility for the nutrition education program (17). As the field of community nutrition has expanded and diversified, the nutritionist has been asked to assume greater responsibility for delivery of nutrition care. Increased areas of competency, beyond those required for dietary counseling, have become essential for today's nutritionists. Competency in the following management areas has become increasingly required for nutritionists (7):

- fiscal planning;
- implementing, coordinating, and integrating nutrition services with other healthcare program operations;
- successfully interacting with a wide variety of health professionals; and
- evaluating effectiveness and outcomes of patient care.

The **Knowledge and Performance Responsibility Statements** outlined in **table 1** (beginning on page 7) reflect the increasing program planning, management, and evaluation competencies which the WIC nutritionist must possess. Although specific task functions may be delegated to a paraprofessional, responsibility for them frequently remains with the supervising nutritionist (18). **Table 4** (see page 23) helps to illustrate the diversity of roles of the public health nutritionist (19).

In a survey of public health practitioners ranking specific competency statements according to necessity for public health nutritionists, items dealing with direct service skills, such as the taking of diet histories and measuring and recording of anthropometric data, were rated as the competencies most likely to become unnecessary for nutritionists in the future. These tasks were viewed as being increasingly performed by the paraprofessional. Activities such as functioning on the health care team and implementing nutrition education programs were regarded as competencies which would continue to be essential for the public health nutritionist (20).

**Table 4. Roles of Public Health Personnel**

	Public Health Nutrition Director/ Administrator	Public Health Nutrition Supervisor	Public Health Nutrition Consultant	Public Health Nutritionist	Direct Care Nutritionist	Nutrition Technician	Nutrition Aide
Planner/ Evaluator	●	●	●	●			
Coordinator	●	●	●	●	●		
Educator	○	○	●	●	●		
Consultant	○	●	●	●			
Standard Setter	●	○	○	○	○		
Manager	●	○		○			
Manager (Fiscal)	○	○	○				
Counselor		■		○	●	●	
Advocate	○	○	○	○	●	●	
Supervisor	○	●			■		
Manager Personnel	○	○					
Researcher/ Investigator	■	■	■	■			
Teacher						●	○
Outreach Worker						●	●
KEY:							
● Major role (limited to 4 per position)				● Minor role			
○ Intermediate role				■ Optional role			
<i>SOURCE:</i> Adapted by M. Kaufman, with permission, in <i>Nutrition in Public Health. A Handbook for Developing Programs and Services</i> , ASPEN Publishers, Inc., 1990, from the original table in <i>Personnel in Public Health Nutrition for the 1980's</i> , by M. Kaufman (Ed.), ASTRO Foundation, 1982.							

## **Specialized Functions of the WIC Nutrition Assistant**

Paraprofessionals are trained to **assist** nutrition professionals and function most effectively when providing services which augment the skills of nutrition professionals. Nutrition assistants work with the nutritionists as part of the WIC healthcare team. **Table 5** (see page 25) provides some examples of specific duties which the WIC nutrition assistant can perform to provide assistance to the WIC nutritionist. Using the roles, duties, performance responsibilities, and knowledge/skills described as appropriate for the WIC nutrition assistant in **tables 1** (page 7), **2** (page 20), **3** (page 21), and **5** (page 25), a sample job description for the WIC nutrition assistant was derived and is presented in **table 6** (page 27).

### **Summing Up**

The following goals should be considered in identifying the training needs of WIC paraprofessionals and their appropriate performance roles:

- Promote optimal role functions of both professionals and paraprofessionals;
- Identify the professional and paraprofessional performance responsibilities and supporting knowledge/skill that must be demonstrated in providing WIC services;
- Effectively use paraprofessionals to deliver nutrition services by defining role functions and implementing these roles accordingly;
- Train paraprofessionals to assist nutrition professionals and provide services that augment their skills;
- Provide appropriate supervision of the paraprofessional by a professional to ensure a desired level of care;
- Delegate routine tasks and less demanding responsibilities to a WIC nutrition assistant;
- Reserve task functions requiring greater responsibility and management skills, such as eligibility determination and certification, for the WIC nutritionist.

**Table 5. Sample Duties of a WIC Nutrition Assistant**

***WIC Program Goals and Policies***

- Provides clients with general information about the benefits and services of the WIC Program.
- Collects and records socioeconomic information from clients.
- Determines WIC income eligibility.
- Reviews WIC forms with clients.
- Explains WIC Program policies and procedures to clients.

***Nutrition Education***

- Provides routine dietary instruction to individual WIC clients as part of the basic WIC contact.
- Conducts group education sessions on basic nutrition topics to WIC clients according to approved lesson plans.
- Prepares nutrition education teaching aids, such as posters and bulletin boards, under the guidance of a WIC nutritionist.
- Conducts age-appropriate nutrition education activities such as puppet shows, games, and coloring activities for older preschoolers enrolled in the WIC Program.
- Documents nutrition education provided in the clients' medical records/certification files.
- Provides followup services (telephone calls, postcards, and home visits) to assist the local nutritionist in implementing and assessing clients' nutrition care plans.
- Conducts food demonstrations and compiles recipes using WIC approved foods.
- Conducts supermarket tours for clients emphasizing healthy and economical food choices.
- Schedules nutrition education contacts.
- Orders nutrition education materials used in counseling WIC clients.

***Breastfeeding Promotion and Education***

- Provides group education sessions to prenatal clients to discuss advantages of breastfeeding and provide information on how to breastfeed (preparation for breastfeeding, positioning, supply of milk, dietary considerations, hand expression, and storage).

- Functions as a “peer counselor” in providing support to breastfeeding WIC mothers including home or telephone contacts.
- Documents breastfeeding promotion efforts and education provided in clients’ medical records/certification files.

#### ***Substance Abuse Education***

- Provides information on the dietary/nutritional consequences of substance abuse.
- Provides information to clients relating to risks associated with substance abuse in pregnancy.
- Documents substance abuse education provided in clients’ medical records/certification files.

#### ***Anthropometric, Biochemical, and Dietary Information***

- Completes dietary recalls or food frequency questionnaires on clients being screened for the WIC Program.
- Performs anthropometric measurements as indicated by State and local agency protocol. Hematologic measurements may be performed by some paraprofessionals, such as licensed practical nurses (LPN’s), who are certified to draw blood from clients.
- Records the anthropometric measurements and hematologic values in the WIC clients’ medical records/certification files.
- Reviews growth charts and prenatal weight gain grids with clients.

#### ***Food Delivery System***

- Provides voucher issuance information to WIC clients.
- Discusses the WIC approved foods with clients.
- Instructs clients on approved WIC vendors.

#### ***Referral and Program Outreach***

- Provides information to clients about other health, food assistance, and social services agencies.
- Plans specific WIC outreach activities.
- Assists the local nutritionist in developing WIC outreach materials.

**Table 6. Sample Job Description**

*Job Title:* WIC Nutrition Assistant (WNA)

*Supervised by:* WIC Nutritionist

*Positions Supervised:* None

*Location:* WIC Clinic

*Position Description:* Under the supervision of the WIC nutritionist, this paraprofessional assists in the delivery of nutritional care and/or education to clients participating in the WIC Program. Training by the local or State WIC agency must be completed prior to performance of duties.

*Duties and Responsibilities:* Under the direction of the supervising WIC nutritionist, the WNA:

1. Assists the local nutritionist in certifying WIC clients by obtaining and recording accurately height and weight measurements, hemoglobin/hematocrit values, dietary intakes, and other necessary medical and/or nutritional information.
2. Compares laboratory test results, anthropometric measures, and/or dietary intakes to established standards to screen for nutrition risk.
3. Identifies clients with special nutritional needs and refers them to the local nutritionist for nutrition counseling and development of care plan.
4. Provides basic health and nutrition information to individual clients and client groups.
5. Documents services provided to WIC clients by maintaining accurate client and program records.
6. Explains program eligibility requirements and clients' rights and obligations.
7. Informs clients about the benefits and services of the WIC Program.
8. Instructs clients on prescribed food packages and voucher issuance/cashing procedures.
9. Conducts group classes and other nutrition education activities as directed by the supervising nutritionist.
10. Maintains a courteous and respectful attitude towards all clients in the WIC Program.
11. Assists in developing and evaluating nutrition education materials.
12. Participates in community outreach efforts as assigned by the local nutritionist.
13. Attends staff and inservice training sessions.
14. Performs other related duties to facilitate delivery of nutrition services as requested by the supervising nutritionist.

**WNA's are not allowed to determine client eligibility for WIC, develop nutrition care plans for high-risk clients, provide individual high-risk contacts, or function independently of a supervising nutrition professional.**

*Knowledge, Skills, and Abilities:*

1. Knowledge of the principles of basic nutrition, particularly the health and nutritional needs of the WIC target population.
2. Demonstrated ability to interview and elicit medical and nutritional information from clients.
3. Skill in obtaining accurate anthropometric measurements of clients.
4. Demonstrated ability to accurately record medical data and document nutrition services in the certification file.
5. Ability to provide general nutrition instruction.
6. Skill in planning and organizing work assignments.
7. Commitment to serving low-income people.
8. Ability to establish and maintain effective working relations with WIC clients, WIC team members, and other health and social services personnel.
9. Ability to work under the close supervision of a nutritionist.

*Ideal Qualifications:*

Education: Some college credits earned in a nutrition-related allied health program.

Experience: Experience in community health nutrition desirable.

*Minimum Qualifications:*

Education: High school diploma or equivalency.

Successful completion of an established WIC paraprofessional training program within 6 months of employment.

Experience: Two years of experience in a community nutrition program desirable.





## Nutrition Services Training for the WIC Paraprofessional

Nutrition paraprofessionals come from different backgrounds and have a variety of job titles. In a survey of State WIC agencies on the use of paraprofessionals (see appendix B), paraprofessional job titles included:

- WIC Educator;
- Nutrition Aide;
- Human Service Aide;
- Clinical Assistant;
- Community Nutrition Worker;
- Community Nutrition Representative;
- Health Program Field Representative;
- WIC Nutrition Aide; and
- Nutrition Assistant.

The Extension Service of the U.S. Department of Agriculture defines a nutrition paraprofessional (often called a program assistant) as an individual employed to assist or expand the efforts of professionals (21). This position is usually restricted to individuals who do not have a baccalaureate degree and most often are from the local community, sharing the same ethnic and socioeconomic background as their clientele. A professional supervises the assistants' direct contact with the clientele and their conduct of education programs.

A professional is defined by the American Dietetic Association (ADA) as a person in a career, such as dietetics, that requires specialized knowledge, intensive academic preparation, high standards of achievement and conduct, commitment to continued study, and rendering of public service (22). The nutrition paraprofessional works under the close supervision of the professional and functions as a support person trained to perform specific tasks associated with the roles of the nutritionist or dietitian. As they are trained to "assist" the nutrition professional, the roles of the nutrition paraprofessional can be defined only in relation to the specified duties of the dietitian or nutritionist.

Dietetic technicians are the nutrition support personnel recognized by the ADA as trained to provide assistance to the nutritionist/dietitian. The Association supports the use of the title "dietetic technician" only for those individuals who have satisfactorily completed an ADA Approved Associate Degree Dietetic Technician Program, or have graduated from a Baccalaureate Degree Plan IV/V Program and have completed an ADA Approved Dietetic Technician Program Experience (23). These programs provide a combination of classroom instruction and supervised field experiences, and meet standards established by the ADA.

Due to a lack of distribution of dietetic technician programs throughout the country and small enrollments in these programs, graduates of 2-year programs are in limited supply and may be unavailable to many nutrition care agencies. The lack of dietetic technician educational programs in community dietetics was acknowledged by committee members in the Summary and Final Documents of the ADA Role Delineation and Verification for Entry-Level Positions in Community Dietetics (3). In



spite of this lack, the committee members recommended that "community dietetic technicians" possess 2 or more years of nutrition-related education, and that dietetic technician programs be developed to meet these needs.

#### Quality Assurance

The shortage in *trained* nutrition support personnel has resulted in paraprofessionals being trained locally to provide needed nutrition services. With the addition of these *less* trained members to the dietetic team have come concerns about maintaining the quality of nutrition care. Other than dietetic technicians, whose training meets standards established by the ADA, standards of practice have not been established for use of paraprofessional support personnel in nutrition services. Although some competency-based standards for nutrition paraprofessionals have been developed by individual State WIC agencies (e.g., Oregon, Idaho, and Arizona), these standards are program-specific and do not provide national performance standards applicable to all entry-level nutrition paraprofessionals.

Quality assurance for nutrition services is one of the most important aspects of a nutrition program and is essential to program credibility and excellence (17). Within a program, quality should be defined according to the goals and values of the program and standards specified for measuring its provision (24). Mechanisms for providing quality assurance include specifying performance standards for the program, establishing criteria for providing nutrition care, and hiring qualified staff. It was determined by the Task Force on Competencies, Council on Educational Preparation of the ADA, in drafting their recommendations, that quality service is best assured through preparation of quality practitioners (25).

#### Position Design and Development

Paraprofessionals who are locally trained to provide nutrition support services can be a valuable source of manpower and talent. Careful planning in defining job functions, selecting capable applicants, utilizing appropriate training materials and procedures, and providing adequate supervision make possible successful training and management of the nutrition paraprofessional. Fine (26), in his report, proposed five guidelines to be considered in designing jobs for paraprofessional work forces:

1. clearly define an overall purpose and ensure that it is understood by the paraprofessional and the professional;
2. provide an opportunity for growth in the job;
3. provide proper training;
4. design tasks so that performance standards are evident to the paraprofessional; and
5. select individuals with the appropriate educational background to meet functional requirements.

Several developmental stages need to be considered when designing positions for paraprofessionals:

- The type of program, clientele served, and services provided determine whether and how paraprofessionals may be used.
- A professional needs to assume the responsibility for the ongoing job of training, supervising, and evaluating.

- A position description should be written to identify the roles and functions of the paraprofessional and the qualifications required.
- A comprehensive training program should be developed to teach paraprofessionals the necessary skills required for the position.

Career ladders are also an important part of position planning. They provide greater job satisfaction and incentive for staying on the job. Employees are motivated to participate in, or complete, job training when the potential for growth is present. Paraprofessionals may be encouraged to enroll in nutrition courses offered at local community colleges/universities and to pursue associate or bachelor level degrees in nutrition. Many nutrition programs within educational institutions are structured so as to allow graduates to progress from one level to the next without loss of credit (credits earned in a dietetic technician program being applied toward a bachelor's degree in nutrition). Failure to provide such growth opportunities in paraprofessional positions can lead to poor morale and increased turnover of staff. Such turnover becomes quite costly in terms of time and money spent in training paraprofessionals.

Position descriptions for paraprofessionals should be written to allow opportunities for advancement in rank, salary, and responsibility. In the Maryland WIC Program, for example, Human Service Aides I-III are used in several of the local WIC agencies to classify paraprofessional positions. The job specifications for the Human Service Aide III position are written to describe a higher grade position with more job responsibility and less supervision than the job specification for the Human Service Aide I position. In some programs, paraprofessionals may be hired to function as clerks with the potential to upgrade to nutrition assistants.

#### **Training Needs**

Paraprofessionals continually need to be trained and supervised by professionals. Educational background and work experience determine training needs and supervision required. Initial training should prepare paraprofessionals for duties of the position by teaching them the basic skills needed to function in that position. Competencies attained during the initial training should be further developed through on-the-job training.

The paraprofessional may require more time to be *trained* than a professional. If the training period is too brief, the paraprofessional may require additional training and increased supervision, beyond that normally required. Simply presenting ideas and facts does not provide sufficient training for the paraprofessional. **Providing the opportunity to practice newly developed skills and to "learn by doing" are essential components of paraprofessional training.**

## Supervision and Support

Frequent *reviews* of the paraprofessional's work soon after starting the job are important to assess performance and attainment of required working skills. **The supervising professional must continue to review work performance to assure a continued high standard of work and identify additional training needs.**

Effective communication is required between the professional and paraprofessional to establish a supportive relationship where specific problems and training difficulties may be discussed and encouragement provided.

Paraprofessionals require greater supervision, at least initially, than do professionals. In one report by Barney (27) on the use of nutrition and home economics aides, professionals indicated that supervision of paraprofessionals exceeded work output within the first 6 months of employment. After 6 months of employment, the well-trained, competent aide was able to function more independently with less supervision, but continued to be more comfortable when professional support staff was available for consultation. Although this report may not be representative of work output for all paraprofessionals, extensive training and supervision are always required.

## Continuing Education

*Quality continuing education* is a means of maintaining and improving professional competence once initial training has been completed. In the healthcare field, continuing education can be a tool for assessing and ensuring basic competencies that are related to the quality of care provided to the public (28). As initial training cannot meet all needs, continuing education becomes an important vehicle for overcoming weaknesses in training, providing an update on important information, and acquiring new skills as required by the position. The ultimate goal of continuing education is to improve professional performance and thereby increase the quality of healthcare available to the public (29).

## Summing Up

Factors to consider in developing and implementing a training program for nutrition paraprofessionals include:

- The paraprofessional position should first be defined and essential work skills and education determined.
- Paraprofessionals may require greater time for inservice training than professionals.
- Frequent assessment of work performance will be needed.
- Paraprofessionals require greater supervision than professionals.
- Ongoing training/education is essential to maintaining quality of services.





## Competency-Based Education

Competency-based education is becoming an increasingly popular approach to contemporary education and is the approach used in deriving the training recommendations presented in the first section of this manual. Competency-based curriculums are useful in dietetic education programs as they clearly identify the roles of the learner and the level of competency required in an entry level position. This approach combines cognitive teaching with actual field experience.

**Competencies** may be defined as the minimum knowledge, skills, affective behavior and/or attitudes a person can be certified to possess based on a specified set of criteria (30). Learners in competency-based programs deal with several essential competencies individually, and at their own rates of speed. Competency-based instruction applies the learning assumptions of John Carroll and Benjamin Bloom who believe that aptitude is measured by the length of time a student requires to master a task (31). Carroll and Bloom contend that mastery learning can theoretically be achieved by most students if given ample time for learning and instruction, according to their individual learning needs and styles. The task of effective instruction then is to *accommodate differences* in individual learning to allow for most students acquiring the skills, understandings, and attitudes needed to practice the specialty (10).

Competency-based education provides the learner with feedback as to his/her performance and makes the student accountable for his/her own progress and performance. Emphasis is placed on exit rather than entrance requirements. In competency-based education, the learner should know the roles or tasks to be mastered, the skills and/or qualities they will need to demonstrate, and how performance will be evaluated. A prerequisite to achieving the desired knowledge and performance is for the learner to understand the context in which the newly-acquired skills will be applied and why these skills are important. The educational program is completed when the necessary skills can be competently demonstrated. Competency-based dietetic education considers the learner's performance, not just knowledge, to be indicative of his/her ability to practice dietetics.

### Basic Structure of Competency-Based Educational Programs

A competency-based educational program incorporates three major components (15):

1. Competency Statements
2. Terminal Performance Objectives
3. Evaluation Criteria

#### 1. Competency Statements are:

- broad, program-related statements describing tasks or skills to be mastered;
- **derived from performance roles identified prior to development**; and
- stated in behavioral terms so they can be observed and mastery can be determined.

*Example:* Under the supervision of the nutritionist, the WIC nutrition assistant (WNA) will be able to instruct clients on guidelines for recommended weight gain and pattern of weight gain during pregnancy and be able to state why these guidelines are important.

2. **Terminal Performance Objectives (TPO's)** reflect the knowledge, skills, attitudes, and judgments the learner is expected to achieve as a result of studying an instructional unit. They are developed by analyzing essential components of specific competencies. TPO's are measurable and specify expected levels of performance for each competency.

**TPO's include both knowledge and application objectives:**

- Knowledge objectives are statements that identify the information, or knowledge, the learner must acquire to perform a task successfully.  
*Example:* The WNA will be able to correctly state recommended weight gain ranges for pregnant women and the ideal pattern of prenatal weight gain.
- Application objectives are statements that identify specific skills or behaviors that the learner must demonstrate in order to perform a task successfully.  
*Example:* The WNA will be able to correctly plot prenatal weight gain using the Prenatal Weight Gain Grid in the client's certification file/medical record.

3. **Criteria for evaluating competency** is adapted directly from the TPO's with competency determined by successfully completing the stated objectives. Performance of the learner is compared with the stated TPO's and not with the behaviors of the other students in the training program (comparison to a standard rather than a norm). **Format may include post-tests, application objectives checklists, and worksheets:**

- Criteria for evaluating knowledge objectives must determine if the learner has acquired the knowledge necessary to perform a task successfully. As it is difficult to directly observe if a concept has been learned, written post-tests and worksheets are frequently used.  
*Example:* The WNA was able to correctly state recommended weight gain ranges for pregnant women and the ideal pattern of prenatal weight gain and could explain why these guidelines are important.
- Criteria for evaluating application objectives require demonstrating expected behaviors before advancing from the program. Mastery is determined through observing learner ability to complete a required practical activity—application objectives checklists are frequently used.  
*Example:* The WNA was able to correctly plot prenatal weight gain on the Prenatal Weight Gain Grid in the client's certification file/medical record.

## **Development and Implementation of a Competency-Based Education Program**

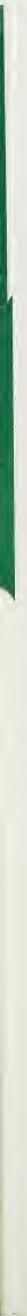
Competency statements for the nutritionist and nutrition paraprofessional provide the framework for the overall curriculum design. These statements help distinguish between differences in roles of the nutrition professional and paraprofessional. Implementation of the program begins with the nutritionist phase and progresses to the paraprofessional phase.

Program evaluation can be a valuable tool to determine the success of a training program in preparing qualified nutrition paraprofessionals. Competency statements and terminal performance objectives should be continuously evaluated and revised to reflect changes in role delineations and program policies and procedures.

### **Summing Up**

Establishing a competency-based program in nutrition involves the following five steps (15):

1. Define competencies for the nutritionist and nutrition assistant;
2. Develop terminal performance objectives;
3. Determine evaluation criteria;
4. Implement, in a step-wise fashion, competency-based courses; and
5. Evaluate the educational process.







## Curriculum Design for WIC Paraprofessional Training

### Curriculum Goals and Objectives

In designing an instructional system for paraprofessional training in WIC, two primary goals should be to:

- promote an understanding of the program's purpose and mission; and
- provide both the cognitive knowledge and the practical experience essential to competent role function.

Curriculum goals and objectives need to be identified with process and outcome criteria specified. These goals and objectives help to determine the content of a course from which the specific instructional modules can be developed. Curriculum goals and objectives are broad while objectives for individual training modules are specific. The paraprofessional training goals and objectives of the Idaho Vocational Education Aide Program (32) in **table 7** (page 38) provide an example of curriculum goals and objectives.

In the WIC model, goals should reflect attainment of the desired competencies considered essential to entry into the field. As previously discussed (see **table 2**, page 20), numerous competencies are required for the entry-level WIC paraprofessional. These competencies provide the framework for curriculum design.

### Curriculum Development

In developing a paraprofessional training program, training needs should be assessed before learning activities are planned. Successful techniques for training nutrition assistants include (33):

- using concepts and materials suitable to the level of learning abilities of the nutrition assistants;
- creating an informal atmosphere for learning;
- developing short but informative lessons;
- providing the opportunity to practice newly learned skills;
- giving immediate reinforcement; and
- guiding as well as cooperating with the nutrition assistants.

### Types of Training

Types of training consist of self-instructional training modules, instructor-taught workshops and seminars, nutrition courses, and actual task practices. Training programs may utilize one or several of these instructional methods.

Each instructional method is reviewed in this section and specific examples are provided of how State WIC agencies are using these methods to train their paraprofessionals. Although some of the States cited allow paraprofessionals to perform functions not recommended in this manual, valuable information as to the instructional methodology can be derived from inclusion of these examples.

**Table 7. Example of Training Program Goals and Terminal Objectives**

*Introduction*

The Idaho WIC/Vocational Education Aide Training Program is a training program developed especially for paraprofessionals (clinical assistants) employed in the WIC Program. Through supervised clinic activities and a self-instructional approach, each individual learns and applies skills necessary to perform and/or improve job related competencies.

*Program Goals*

1. To improve the consistency and accuracy of services provided to WIC participants.
2. To increase the nutrition knowledge and improve the counseling skills of paraprofessional staff.
3. To increase paraprofessional staff confidence and job satisfaction.
4. To organize and standardize paraprofessional staff training.
5. To acknowledge paraprofessional staff expertise.

*Program Terminal Objectives*

Upon completion of the aide training program, and under the direct supervision of the nutritionist, the clinical assistant will:

1. Have learned the basic structure and procedures of the WIC Program, and will employ these procedures to meet Federal, State, and local requirements.
2. Have learned the fundamentals of basic and applied nutrition and will make practical use of this knowledge in providing accurate information to clients regarding food, and maternal, infant, and child nutrition.
3. Have acquired interpersonal communication skills and will demonstrate these skills for effective listening and response to clients.
4. Have learned and will utilize the problem solving process (assess, plan, implement, evaluate) in delivering nutrition care to clients.

*SOURCE:* Dalenius, K., and Decker, M.: The Idaho WIC Aide Training Program. Idaho WIC Program, 1985.

### *Self-Instructional Training Modules*

Training modules are designed to be self-taught and are usually topic-specific. For example, one training module may discuss prenatal nutrition while a different module discusses infant nutrition. Each module is designed so that it may be used independently of the other modules. Recommended content of training modules for the WIC Program includes:

- introduction and statement of purpose;
- performance objectives;
- listing of competencies to be developed;
- needed materials;
- instructions for completing units, or modules;
- actual instructional material (the text);
- required learning activities, including clinic observations and practice sessions;
- self-check questions/worksheets provided throughout the entire text;
- supplementary materials (brochures, handouts, pamphlets);
- recommended references for additional reading;
- suggested activities for further learning; and
- evaluation materials (post-tests, application objectives checklists).

Learning activities included in the training modules normally combine didactic teaching (topic instruction) with clinic observation and practice application. Trainers generally agree that learners retain about 25 percent of what they hear, 45 percent of what they hear and see, and 70 percent of what they hear, see, and do (34).

Successful completion of a module and advancement to the next module depends upon accurate demonstration of required tasks (application objectives checklist) and a passing score on the written examination (post-test). The application objectives checklist examines the trainee's ability to perform certain tasks as defined in the "application objectives". The post-test measures success in achieving "knowledge objectives". Passing the post-test is necessary for completion of the module. A score below a minimum required percent is considered unacceptable and, in some cases, prevents the trainee from graduating from the training program. An individual who receives an unacceptable score may be allowed to retake the examination either a predetermined number of times or as many times as needed to obtain a passing grade. The WIC State agency is, or should be, responsible for determining specific evaluation criteria.

Competency is achieved by successfully accomplishing all of the performance (both knowledge and application) objectives. Each module reviews a different topic and provides information and activities necessary for the development of different competencies critical to performing WIC clinic procedures. When a nutrition assistant has successfully demonstrated the knowledge or behaviors as stated for all required modules, he/she is considered to possess the skills necessary to competently function as a WIC nutrition assistant and, therefore, completes the training program. A work practicum of up to 3 months, under the supervision of a nutritionist, may also be required to assure demonstration of required skills. As added incentives, certificates of recognition, award presentations at local meetings, and press releases in community newspapers and/or agency newsletters may be awarded to WIC nutrition assistants who successfully complete course requirements.

Training modules, like other training modalities, should cover topics applicable to the WIC Program. Topics essential to development of nutrition assistant skills include:

- overview of WIC services, eligibility, and Federal regulations;
- WIC State and local agency policies and procedures;
- basic nutrition, particularly prenatal, infant, and preschool child nutrition;
- breastfeeding;
- determination of health and nutrition status using anthropometric, biochemical, and dietary intake parameters;
- nutrition risk criteria and program certification;
- food delivery system;
- provision of nutrition education;
- documentation of nutrition services;
- referral and program outreach;
- communication skills;
- smart shopping tips; and
- risks associated with alcohol, tobacco, and other substance abuse.

Optional modules providing more indepth knowledge of basic nutrition, WIC policies and procedures, teaching strategies, and interviewing/counseling skills may also be offered.

As the training modules are self-instructional, the designated local agency nutritionist functions as a facilitator and supervisor but does not actually teach the lessons. **His/her role** is to:

- provide direction and advice;
- answer questions;
- provide opportunities for clinic observation;
- provide time to practice new skills;
- evaluate actual task practices; and
- administer post-tests upon completion of the modules.

Periodic conferences with the nutrition assistant during training help the nutritionist provide support and assess learner progress.

An instructor's guide should be included in the modular series to assist the nutritionist in directing trainees through the program. Information contained in the instructor's guide should include:

- performance (knowledge and application) objectives;
- lesson summaries;
- required preparation;
- needed supplementary materials;
- pretests, post-tests, and answer keys;
- application objectives checklists; and
- module evaluation forms.

Instructor materials may be self-contained or may be presented in combination with the other trainee materials. If combined, it should be easily distinguished from the trainee's instructional material. *Florida's Nutrition Paraprofessional Training Guide* (35), for example, includes not only a separate binder of Evaluation Materials for the supervising nutritionist, but also provides both instructor and trainee information in the Orientation Module. This format encourages supervising nutritionists to read the orientation booklet and become familiar with guide layout and the role of the instructor in the training process.

Module completion time should be decided between the nutritionist and the nutrition assistant prior to the start of a lesson. In determining reasonable timeframes for lessons, the following factors need to be considered:

- difficulty of the material;
- skills and abilities of the trainee;
- time restrictions as to length of the training period; and
- learner's familiarity with module format.

Estimated completion times are usually predetermined for all training modules. Staff frequently, however, will require additional time to complete beginning modules until they become more familiar with module format and develop better study skills. Based on field testing conducted by the Idaho WIC Program, reserving half of each day during the first 2 weeks of training for module review, with clinic observation and clinic responsibilities scheduled the other half of the day, proved efficient. Once the beginning modules were completed, 2-hour time blocks were adopted for work on the later modules (32).

In some training programs, staff may be given the option of challenging certain modules by achieving a passing score on a pretest and accurately demonstrating ability to meet related performance objectives in the clinic. Staff may challenge as many of the modules as they feel they can successfully perform. If successfully challenged, the nutrition assistant is considered to be competent in the particular module, without having completed it, and allowed to progress to the next module. Successful challenging is rare but does allow the nutrition assistant some flexibility in training. Some training programs, such as Florida, do not allow trainees to "test out" of modules. They feel it is important for trainees to complete all modules in order to become familiar with the standards, policies, and material that is being reviewed in each module.

Development of training modules occurs primarily at the State level with implementation at the local level. Paraprofessionals normally function in the local agency and the challenge of training them has become the responsibility of the local agency nutritionist. Input from local agency nutritionists is essential to developing effective training materials. A three-ring binder may be used to organize the training modules. Use of this format allows for easy insertion of additional modules and revision of existing ones. A training session to introduce the program and assist nutritionists in its use should be provided by the WIC State agency for all local agencies prior to its implementation.

#### *Instructor-Taught Workshops and Seminars*

Although self-instructional training modules are used in the majority of competency-based programs, many WIC State agencies choose to provide paraprofessional training through instructor-taught workshops and/or seminars. These training sessions, usually conducted by State agency nutrition consultants, may be the only method of instruction used in training paraprofessionals, or they may be provided in addition to self-instructional training modules to enhance the information being presented. The training sessions may vary in length from several hours to several days. Workshop topics are usually selected to provide training in the specific skills needed for entry-level competency in WIC. Trainees have the opportunity to share learning experiences with each other and to discuss learning difficulties encountered in the training process.

Training may be provided at a State-operated training center, at field locations throughout the State, or at the local agencies. Washington State, for example, operates a central training facility for paraprofessionals. All new paraprofessionals, with or without experience, are required to complete the competency-based training program before being certified as CPA's. The CPA Training Program for Health Program Field Representatives (HPFR) in Vermont also utilizes classroom-type instruction, conducted by the district nutritionist, in combination with supervised practical experience. All HPFR's must complete the core phase of the training program prior to being allowed to function as a CPA. The core phase consists of approximately 40 hours of training which is to be completed within 8 weeks. Approximately three-fourths of the time in the core phase is devoted to classroom-type instruction with the other one-fourth time concurrently spent acquiring practical experience in the WIC clinic.

In some States, there are no established WIC Paraprofessional Training Programs. These State WIC agencies often allow local agencies to develop their own training programs which must be submitted to the State WIC agency for approval prior to implementation. Locally developed training programs may incorporate nutritionist-conducted workshops/programs, self-instructional units, and actual task practices.

#### *Nutrition Courses*

In some areas (Arizona, for example), WIC paraprofessional training is provided in conjunction with a nutrition/dietetic program at a local college. Classroom instruction, combined with nutrition-related community experiences, is usually provided. Coursework is designed to promote entry-level competency in the skills essential to the delivery of WIC services. Frequently, two programs are offered: a certification program for WIC nutrition assistants, and a 2-year associate degree dietetic technician program. While the certification program requires fewer course hours than the dietetic technician program, credits earned in the certification program can normally be applied to fulfilling requirements for the associate degree program. The opportunity for a certified WIC nutrition assistant to earn college credit and to advance to the level of a dietetic technician may be an incentive to some employees who previously have not had the opportunity to attend college.

#### *Task Practice*

Effective instruction requires allowing sufficient time to put into practice newly acquired knowledge skills. The actual task practices are designed so that they reinforce the information being presented and provide the WIC nutrition assistant with practice in performing necessary WIC skills. Performance of the tasks allows the supervising nutritionist to measure employee progress and identify areas of weakness. Successful completion of actual task practices is used to indicate mastery of application objectives in competency-based programs. Most self-instructional training modules include task practices as part of their instructional methodology.

## **Program Evaluation**

Evaluation of the paraprofessional training program should examine three parameters—student's level of achievement and learning, teaching methods and curriculum format, and training outcomes relative to program services and quality of care.

Student achievement and learning during training can be assessed by using the scores on the written examinations and the application objectives checklists. These two evaluation tools measure success in achieving the performance (knowledge and application) objectives of the program. Clinical dietetic technicians surveyed in a role verification study (6) most frequently related inadequate training to lack of detail or emphasis given a topic in instruction, or the general nature of the required coursework. Improving the practical experience provided was identified as the most beneficial addition to training. In a separate study (4), 76 percent of ADA-certified dietetic technicians noted that supervised practical work experience was the most valuable teaching technique used in their training. Trainers need to assess the teaching and practical application components of their programs and the competency level at which trained paraprofessionals exit.

Curriculum evaluation should examine the content of the training modules, programs, seminars, and courses and their relevance to actual role functions. Effectiveness of educational methods should be determined and alternate methods of providing training explored, if indicated. Skills emphasized in the training program need to be evaluated against the skills actually required for on-the-job performance. Students should be given the opportunity at the end of the training session to evaluate the training and to make recommendations for improvement.

Training outcomes should be evaluated in relation to their effect on delivery of WIC services and provision of quality nutrition care. Changes in pre- and post-training participant caseloads and number of client services provided need to be monitored. The impact of nutrition care on the dietary habits of WIC clients should be studied. Clients should be surveyed for their reactions to WIC services and the nutrition education provided. Although determining efficacy of paraprofessional training in terms of quality outcomes is difficult to assess, it does provide valuable information as to a training program's true effectiveness and is an area which should be explored.

Competency level of staff should be determined through annual performance evaluations. Work performances of paraprofessional trainees should be evaluated 6 months and/or 1 year following completion of the training program, and annually thereafter, to assess program effectiveness in producing competent nutrition personnel.

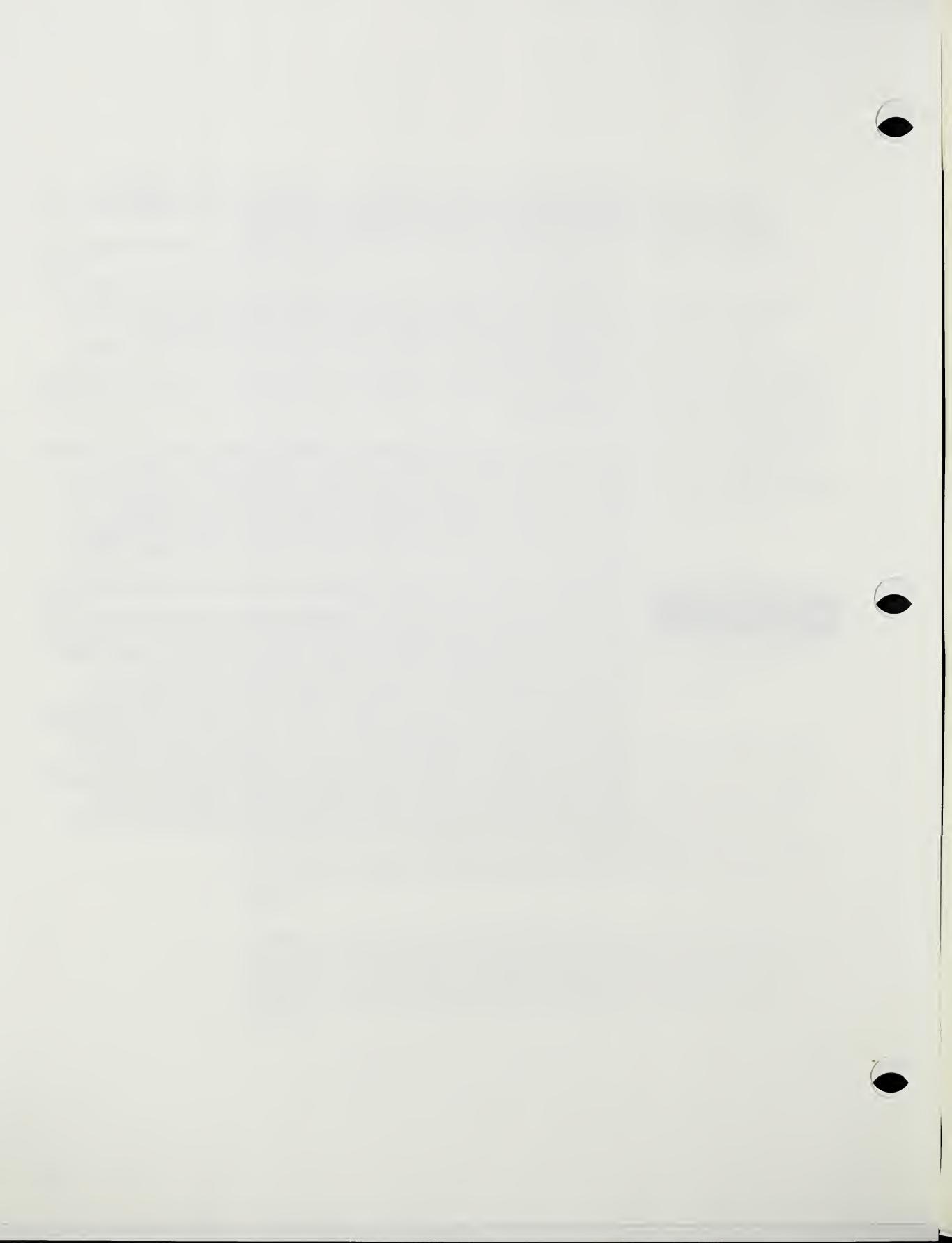
The State WIC agency should determine the specific protocol for monitoring paraprofessional competency. Objective methods by which the quality of the nutrition assistant's work can be measured may include:

- monitoring adherence to performance standards identified in the WIC policies and procedures manual;
- directly observing the paraprofessional's general working habits in the WIC clinic;
- attending, on a periodic basis, general nutrition education group sessions and one-on-one counseling sessions conducted by the nutrition assistant;
- conducting periodic audits of client files to see if information is being properly documented; and
- scheduling consultations on a regular basis to discuss job satisfaction and identify problem areas.

Knowledge and application objectives identified in the training modules also may be used to evaluate continued staff competency. Evaluation forms (application objectives checklists and post-tests) contained in the modules can serve as the basis for annual performance evaluations. This process not only assesses competency level of the staff after training but provides a means of evaluating program competencies and their application in preparing qualified WIC nutrition assistants.

### Summing Up

Practitioners are only as skilled as their training programs prepare them to be. WIC nutrition assistants in WIC have little, if any, formal training and rely on the quality of nutrition information presented and practical experience provided to prepare them for entry-level job function. Training programs should strive to upgrade paraprofessional job skills to a competency level conducive to providing quality nutritional care. Standard training modules, programs, seminars, and courses need to be developed and provided to promote mastery of the performance objectives identified in the initial training needs assessment. Candidates possessing the necessary capabilities for learning the material and interacting with clients should be selected for participation in the training program. Once the program has been implemented, a followup system for evaluating program effectiveness should be initiated.







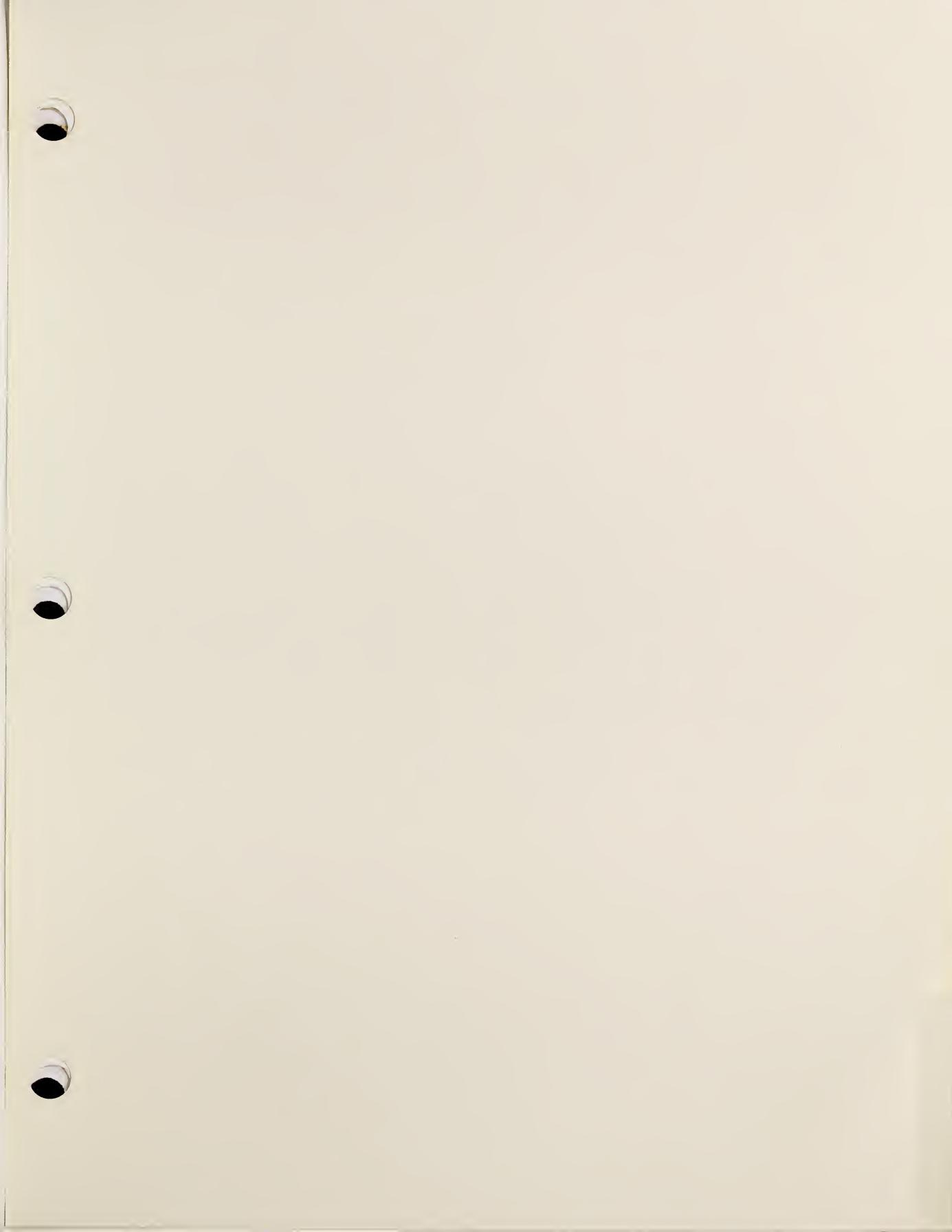
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## **Appendix A**

### **Training Materials Developed by State WIC Agencies**

Prior to the development of this publication, paraprofessional training materials were solicited from WIC State agencies. The following State agencies provided information about their training programs, paraprofessional job classifications, and/or review copies of training materials developed. Many states did not respond to the solicitation letter or provide materials for review and, thus, were not included in the following list.

***STATE AGENCIES PROVIDING PARAPROFESSIONAL TRAINING MATERIALS  
AND/OR INFORMATION ABOUT THEIR USE AND TRAINING OF  
PARAPROFESSIONALS:***

Alabama	Indiana***	Missouri
Alaska**	Iowa	Montana
Arizona**	ITCA**	Navajo**
California**	ITCN**	Nevada
Choctaw	Kentucky	Ohio***
Colorado	Louisiana	Oregon**
Connecticut	Maine	South Dakota
Delaware	Maniilaq**	Utah
Florida	Maryland	Vermont
Georgia	Massachusetts	Virgin Islands
Hawaii**	Michigan***	Washington**
Idaho	Minnesota	Wisconsin***
Illinois***		

\*\* Information provided through USDA Western Regional Office Competent Professional Authority Questionnaire (1989) results. No training manuals were received.

\*\*\* Information provided through USDA Midwest Regional Office Competent Professional Authority Questionnaire (1989) results. No training manuals were received.

## **Paraprofessional Training Manual Reference List**

The following training manuals have been listed to provide additional references on paraprofessional training. Program descriptions and training modules received for review were screened according to the guidelines outlined in this publication. Only materials meeting these recommended guidelines were selected for inclusion in this reference list. State agencies which have developed training manuals but did not provide copies for review were not included in the screening process and have not been included in this listing. State WIC Directors interested in obtaining any of the listed training manuals should contact the source provided to request or order the material.

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Colorado Department of Health, Nutrition Services, WIC Program. **WIC Certification Program.** Developed, 1982. Revised 1988, 1989.

The Colorado *WIC Certification Program* is a competency-based training program designed to be completed by new WIC staff within the first 18 months of employment. Three levels are included within the program. Level I includes a Student Manual for New Personnel, Basic Six Diet Assessment Module (WIC #520), Screening Module (WIC #530), WIC Food Package Module (WIC #580) and a Nutrition Risk Factors Explanation Module. Modules included in Level II are Prenatal Nutrition (WIC #540), Breastfeeding (WIC #590), Adolescent Nutrition (WIC #560), Preschool Child Nutrition (WIC #550) and an optional Dental Nutrition Module (WIC #570). Level III includes a module on Basic Interviewing Techniques and Skills (WIC #510).

Contact:      Colorado Department of Health  
                  Nutrition Services  
                  4210 East 11th Avenue  
                  Denver, CO 80220

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Florida Department of Health and Rehabilitative Services, State Health Office, WIC and Nutrition Services. **Florida's Nutrition Paraprofessional Training Guide.** 1989.

The *Florida's Nutrition Paraprofessional Training Guide* was developed to provide standardized training to nutrition paraprofessionals in the State of Florida. Five self-instructional, competency-based modules are included: Orientation to the Modules, Basic Nutrition, Prenatal Nutrition, Infant Nutrition, and Preschool Child Nutrition. Supplementary materials and evaluation materials are also contained in the three-binder series. A Breastfeeding module is scheduled for production and distribution by September, 1991.

Contact:      WIC and Nutrition Services  
                  1317 Winewood Boulevard  
                  Building 1, Room 200  
                  Tallahassee, FL 32399-0700

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Idaho WIC Program, Bureau of Child Health, Department of Health and Welfare.  
**The Idaho WIC Aide Training Program.** Developed, 1985. Portions revised 1988, 1989, and 1990.

The *Idaho WIC Aide Training Program* utilizes a self-instructional approach combined with clinic activities to promote development of essential knowledge and performance skills necessary to competent job function. The program consists of two units: Unit I which teaches "Basic WIC Skills" and unit II which emphasizes "Advanced WIC Skills". The eight modules contained in unit I provide an overview of basic nutrition principles and teach the skills necessary to providing certification, food delivery, and referral services. Module topics include Introduction to WIC, Food Delivery, Anthropometric Assessment, Biochemical Assessment, Dietary Assessment, Nutritional Risk Factors and Certification, Referral, Documentation and Followup, Basic Nutrition I, and Basic Nutrition II. Unit II teaches skills necessary to providing basic nutrition education services. Module topics in unit II include Providing Nutrition Education, Prenatal Nutrition, Breastfeeding, Infant Nutrition, and Nutrition for Toddlers and Preschoolers. Optional modules for both units I and II are available on these topics: Help Yourself to Health Self-Care (unit I) and Exercise and Health Promotion (unit II).

Contact:      Idaho WIC Program  
                  Department of Health and Welfare  
                  450 W State Street, 4th Floor  
                  Boise, ID 83720-5450

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Maine WIC Program, Division of Maternal and Child Health, Department of Human Services. **State of Maine WIC Program Paraprofessional Training.**

Three training modules are contained in the *State of Maine WIC Program Paraprofessional Training* manual. All of the modules are competency-based and are adapted, with permission, from the Idaho WIC Aide Training Program. Module I provides an overview of Basic Nutrition concepts. Maternal and Pediatric Nutrition is reviewed in module II. Module III presents a discussion on Delivery of Nutrition Education. Educational materials are available to accompany the modules.

Contact:      Maine WIC Program  
                  Department of Human Services  
                  State House Station 11  
                  Augusta, ME 04333

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Maryland WIC Program. Family Health Administration. Department of Health and Mental Hygiene. **The Maryland WIC Paraprofessional Training Program.**

The *Maryland WIC Paraprofessional Training Program* is in the process of being developed and will employ self-instructional modules to teach job-related competencies. The program is being adapted, with permission, from Idaho's WIC Aide Training Program. Modules will combine knowledge lessons and activities with clinic observation and practice sessions. Modules to be included are: What is WIC, Anthropometric Assessment, Biochemical Assessment, Dietary Assessment, Certification, Food Delivery, Providing Nutrition Education, Prenatal Nutrition, Infant Nutrition, and Nutrition for Toddlers and Preschoolers.

Contact:      Maryland WIC Program  
                  Family Health Administration  
                  Department of Health and Mental Hygiene  
                  P.O. Box 13528  
                  Baltimore, MD 21203-3528

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Minnesota WIC Program and Center for Nutrition and Health Promotion. Minnesota Department of Health. **Training Manual for Nutrition Educators**. 1987.

The Minnesota *Training Manual for Nutrition Educators* is self-instructional and contains eight chapters. Each chapter discusses a different topic. Topics include General Nutrition, Nutrition Assessment, Nutrition in Pregnancy, Breastfeeding, Infant Feeding and Nutrition, Feeding the Toddler and Preschooler, Nutrition Counseling and Education, and Healthy By Choice: Preventing Disease.

Contact:      WIC Program  
                  Minnesota Department of Health  
                  717 S.E. Delaware Street  
                  P.O. Box 9441  
                  Minneapolis, MN 55440

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Missouri WIC Program. Missouri Department of Health. **Self-Teaching WIC Training Manual on Nutrition and Health for Paraprofessionals and New Personnel**. Volume 1, 1988. Volume 2, 1989.

Volume 1 of the *Self-Teaching WIC Training Manual on Nutrition and Health for Paraprofessionals and New Personnel* is organized into eight self-study modules. Each module is further divided into sections containing learning activities such as readings, guided observations, practice assignments, case studies, and problem situations. Module topics include Preparation for a Clinic Visit, WIC Clinic Visit, WIC-3 Training, Growth Assessment, Diet Assessment, Risk Factors and Priority System, Nutrition Education, and Food Packages and Vouchers. Volume 2 is organized into seven self-study modules. Learning activities contained in the subsections include readings, problem situations, assignments, and case studies. Module topics include Basic Nutrition, Iron Deficiency Anemia, Maternal Nutrition, Breastfeeding, Infant Nutrition, Child Nutrition, and Preventive Nutrition.

Contact:      Missouri Department of Health  
                  WIC Program  
                  1730 East Elm Street  
                  P.O. Box 570  
                  Jefferson City, MO 65102

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## **Appendix B**

State agencies who submitted paraprofessional training materials were also surveyed for their paraprofessional training protocols and position descriptions. A copy of the Paraprofessional Training Survey and a summary of the responses received are included in this section to provide additional reference information.

## Paraprofessional Training Survey

Please check the appropriate response.

1. Educational qualifications for paraprofessionals employed in the WIC Program include:

- Dietetic Technicians who have completed an ADA-approved 2 year associate degree program.
- Dietetic Assistants who have completed a 1 year certificate program.
- Clerks and Health Aides who have completed high school and who have experience in a WIC Program.  
How many years experience required? \_\_\_\_\_
- Clerks and Health Aides who have completed high school and who have experience in a nutrition program other than WIC (ex., EFNEP aide).  
How many years experience required? \_\_\_\_\_
- Health care providers who have completed 2 years of college with one or more courses in nutrition.
- University students who have completed one or more courses in nutrition.
- Other (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose position descriptions for paraprofessionals employed in the WIC Program.

2. Initial training of the paraprofessional to work in a WIC Clinic includes:

- Competency-based training which focuses on development and demonstrated performance of certain job skills (may include self-instructional training modules or organized class instruction).
- Training workshops provided by district, state and/or local staff.
- Self-instructional training manuals
- College or vocational education program for dietetic paraprofessionals.
- Other (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Continuing education provided paraprofessionals working in the WIC Program includes:

- Nutrition services provided by district and/or state staff.  
How many hours of continuing education required? \_\_\_\_\_
- Other nutrition conferences or workshops
- Other health conferences containing a nutrition component
- Nutrition courses designed by district and state staff
- Nutrition courses approved for college credits
- Field experiences
- Other (please describe) \_\_\_\_\_

4. Evaluation of paraprofessional training includes:

- Competency-based training with successful completion of stated performance objectives as described for each competency. Assessment criteria may include acquiring a score of a designated percentage on an evaluative exam and/or demonstrated performance of a required task.
- Periodic observation and evaluation of the paraprofessional performing a designated task by the WIC Nutritionist.  
Frequency of evaluation? \_\_\_\_\_
- Completion of a paraprofessional training course
- Other (please describe) \_\_\_\_\_

5. Responsibilities delegated to the paraprofessional in the WIC Clinic include: (check all that apply)

- Providing secondary nutrition education contacts to low risk participants
- Dietary counseling regarding inadequacies and/or excesses
- Discussing nutritional value of WIC foods and their contributions to a nutritionally adequate diet.
- Performing anthropometric and/or hematologic measurements

- Describing WIC Program policies and procedures
- Reviewing WIC Approved Food List and voucher issuance/cashing procedures
- Conducting group classes on general nutrition topics
- Providing overview of the WIC Program

6. Is your state currently using paraprofessionals in the WIC Program?

yes       no

7. Estimated number of paraprofessionals currently employed in your state's WIC Program\_\_\_\_\_

Thank you for your time and cooperation in completing this survey. The information compiled from these surveys will be useful in developing training guidelines for the paraprofessional in the WIC Program.

## Paraprofessional Training Survey Results

	<i>Number of Responses</i>
Number of WIC State agencies providing information on paraprofessional training:	40
Number of WIC State agencies responding that they do not use paraprofessionals:	9
Educational qualifications for paraprofessionals employed in WIC:	
• Less than high school diploma or GED	1 (10th grade)
• High school diploma or GED/no experience	6
• High school diploma or GED/1 year related experience	2
• High school diploma or GED/2 years related experience	4
• High school diploma or GED/2 years WIC experience	4
• University students who took a nutrition course	1
• Home economists/college graduates with health-related degrees	3
• Licensed Practical Nurses	4
• Dietetic Technicians with 2 year degree	6
• Not available	12
• Not applicable	9
Initial training of the paraprofessional in WIC includes:	
• Competency-based training which focuses on development and demonstrated performance of certain job skills	17
• Training workshops provided by district, state and/or local staff	12
• Self-instructional training materials	6
• College or vocational education program for dietetic paraprofessionals	1
• On the job training	1
• Written and practical exam	1
Continuing education provided paraprofessionals in the WIC Program includes:	
• Nutrition services provided by district and/or state staff— hours of continuing education credit required ranged from 2-3 hours	19
• Other nutrition conferences or workshops	7
• Other health conferences containing a nutrition component	4
• Nutrition courses designed by district and state staff	2
• Nutrition courses approved for college credits	1
• Nutrition training provided by local agency staff	2
• Review of training manual	2
• Periodic monitoring of procedures	1
• Current nutrition newsletters	1
• Not available	6

*Number of Responses*

Evaluation of paraprofessional training includes:

- Competency-based training with successful completion of stated performance objectives as described for each competency 16
- Periodic observation and evaluation of the paraprofessional performing a designated task by the WIC nutritionist—frequency reported was one time per year 8
- Completion of a paraprofessional training course 3
- Post-tests and periodic discussions with nutritionist 1
- Not available 9

Responsibilities delegated to the WIC paraprofessional include:

- Providing secondary nutrition education contacts to low-risk participants 8
- Dietary counseling regarding inadequacies and/or excesses 7
- Discussing nutritional value of WIC foods and their contributions to a nutritionally adequate diet 10
- Performing anthropometric and/or hematologic measures 9
- Describing WIC Program policies and procedures 7
- Reviewing WIC Approved Food List and voucher issuance/cashing procedures 8
- Conducting group classes on general nutrition topics 4
- Providing overview of the WIC Program 5
- Providing supplemental information to high-risk participants 1
- Assist with non-health assessment data 1
- Documentation of nutrition education 1
- Client referrals to other social and health agencies 1
- Prepare visual aids such as bulletin boards, posters and displays 1
- Scheduling of clients for nutrition education sessions 1
- Eligibility determination and certification 2
- Certification by dietetic technicians, LPN's, home economists or other persons with health-related degrees 4
- Not available 7

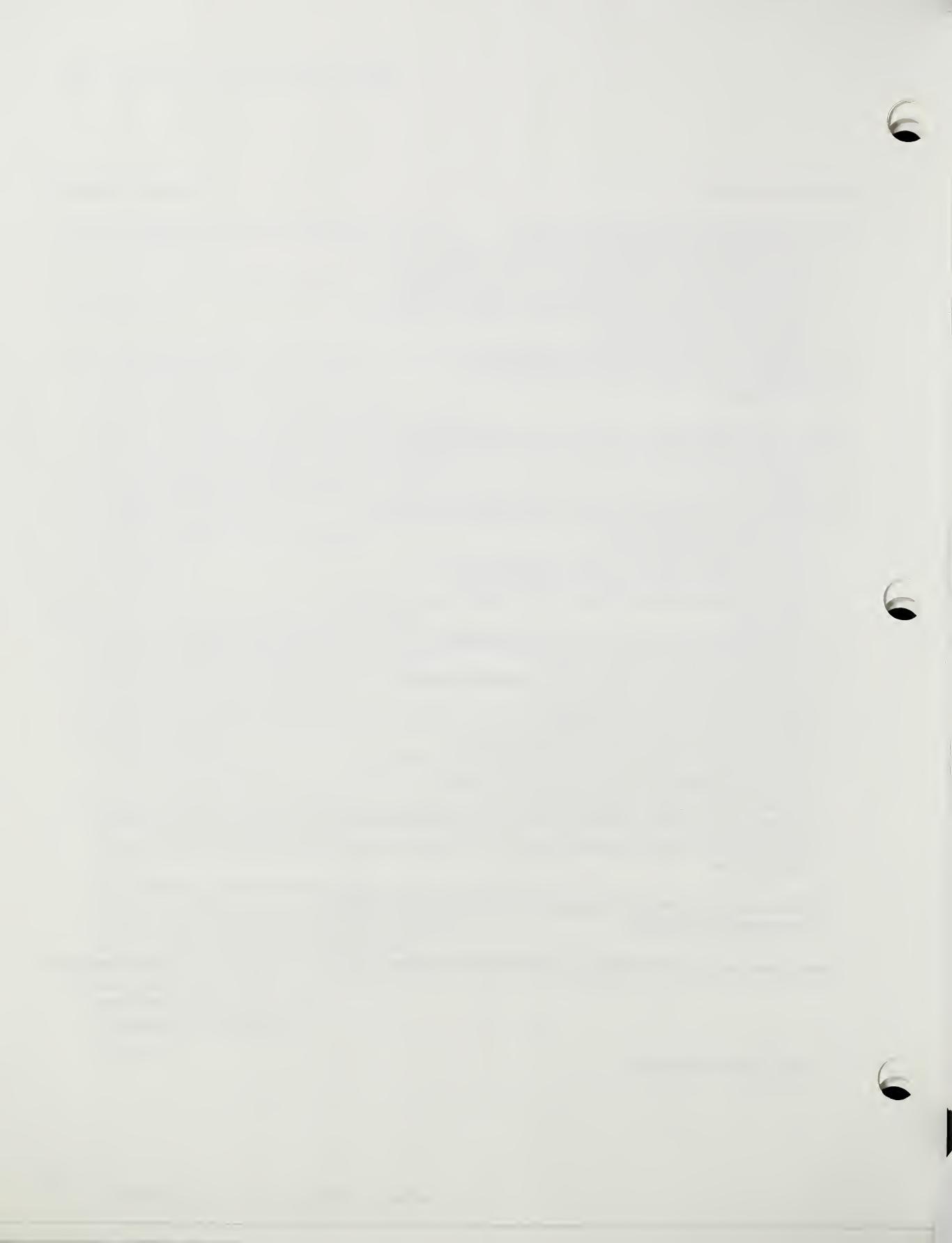
States reporting current use of paraprofessionals in the WIC Program:

- Information not available 8

Paraprofessionals currently employed in States' WIC Programs:

Estimates ranged from 2 to 148 per State agency

- Information not available 10



## EVALUATION QUESTIONNAIRE

### PARAPROFESSIONALS IN THE WIC PROGRAM. GUIDELINES FOR DEVELOPING A MODEL TRAINING PROGRAM.

Dear Reader:

Your comments on this publication would be helpful to us. As you read through the publication, please take some time to complete the following questions. Please fold, staple, and mail your responses.

Check the appropriate title for your position:

- |  |   |
|--|---|
| <input type="checkbox"/> WIC State Agency Director | <input type="checkbox"/> Nurse            |
| <input type="checkbox"/> WIC Local Agency Director | <input type="checkbox"/> Home Economist   |
| <input type="checkbox"/> Nutritionist-State        | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> Nutritionist-Local agency | <input type="checkbox"/> Other            |

Are you currently working in a WIC Program?

- Yes       No

If no, please specify the type of agency for which you work.

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Is the information contained in the overall publication useful?

- Yes       No

If no, please comment why.

Which topics discussed in the publication were of greatest benefit to you?

- Role Delineations and Recommended Competencies  
 Summary of Paraprofessional Training Needs  
 Principles of Competency-based Education  
 Curriculum Design for WIC Paraprofessional Training  
 Listing of Paraprofessional Training Manuals (Appendix A)  
 Sample Job Description (Table 6)  
 Other (Please Specify) \_\_\_\_\_

Does the publication omit any information you think should have been included?

- Yes       No

If yes, what information was omitted?

Is the publication easy to read and understand?

- Yes       No

Other comments:

**Nutrition and Technical Services Division  
Food and Nutrition Service  
U.S. Department of Agriculture  
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